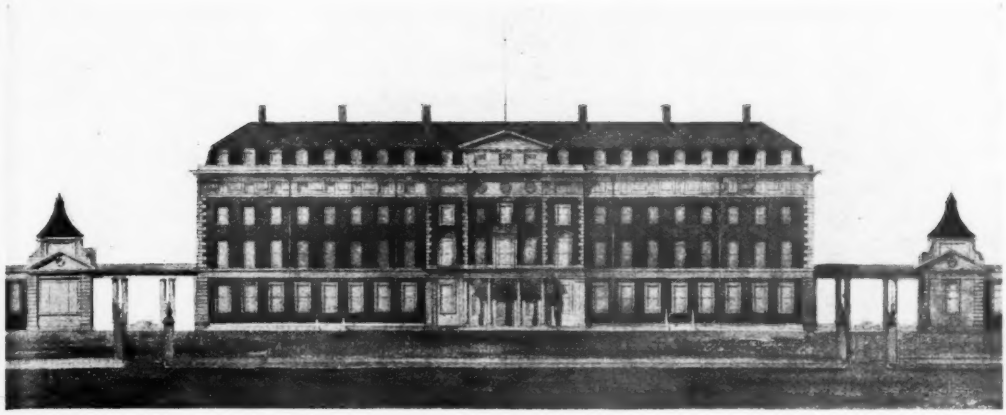


Administration Block.

KING'S COLLEGE HOSPITAL.

By WILLIAM A. PITE [*F.*].

Read before the Royal Institute of British Architects, Monday, 29th March 1915.

THE removal of King's College Hospital to South London marks an epoch in the history of the Hospitals of the Metropolis. It was the first occasion in the present century that a large and important London general hospital had the opportunity of starting afresh with a clean slate. Other hospitals had extended their accommodation on an already cramped site, and the Committee of Management of King's College Hospital were brought face to face with the problem of remodelling and improving the old hospital to meet modern requirements. The hospital had rendered yeoman service to the development of medical and surgical science, and the very improvements it had helped to introduce had rendered the building and equipment sadly out of date. In 1893 a Select Committee of the House of Lords, recognising the pressing need for a large general hospital in South London, urged that this should be met, at the first opportunity, either by a new institution in a suburban locality or by the removal of one of the existing hospitals. The vast improvements that had been carried out in the West Central district of London within the past forty years had resulted in the abolition of vast and squalid rookeries, in which many hospitals had been built expressly for the benefit of the extreme poverty surrounding them. This left a series of "Huddled Hospitals," as a popular agitation termed it, in a district depleted of those for whom these hospitals were intended. King's College, St. Bartholomew's, Charing Cross, and the Royal Free were the principal hospitals of this group. The improvements attendant upon the building of the Law Courts and the construction of Kingsway had their especial effect upon King's College Hospital; and the Committee of Management, realising the inadequacy of the old building in Lincoln's Inn Fields, both as regards position and efficiency, boldly decided to adopt the recommendation of the Committee of the House of Lords and to rebuild the hospital at Camberwell.

The evolution of King's College Hospital is of some interest, and a brief reference is necessary. In 1839 the Council of King's College, finding that a school was necessary for the complete education of medical students, took measures for the formation, in the parish of St. Clement Danes, Strand, of a public hospital, supported by voluntary contributions, for the relief of the sick poor. Shortly after this the school was established. The hospital was started on the west side of Carey Street in a building which was formerly a workhouse; this was converted into a hospital under the direction of Sir Robert Smirke. A sum of £25,000 was spent upon the work entailed, accommodation being provided for 120

patients. Subsequently the needs of the hospital increased so rapidly that it was found requisite to obtain adjoining land. In 1848 the hospital authorities acquired the property known as the "Grange Inn" and 26 and 27 Clement's Lane. However, further extension was still necessary, and the Governors applied for and obtained an Act of Parliament, it being decided to erect a new and more spacious hospital, together with a chapel for the celebration of Divine worship. The plans were prepared by Mr. Thomas Bellamy, the building being completed in 1861. The change in character of the district, comprising the site of the Law Courts, since 1840 and the present time from rookeries, closed alleys, and slum property is phenomenal.

Just as the old hospital was deliberately placed where it was urgently needed by thousands of the very poorest people, so, too, is the new hospital. But changed conditions and modern methods of quick and cheap transit made it possible for the hospital to be built on the outskirts rather than in the centre of such a district. Denmark Hill, a place of old and prosperous associations, took its name from Prince George of Denmark, and is linked with memories of Ruskin, Byron, Robert Browning, Mendelssohn, Bessemer, and many another. It is the borderland between the squalor of Camberwell and the ever-growing residential suburbs on the outskirts of the metropolis. A high and healthy situation and a proximity to a certain amount of open country, or at least ground covered but thinly by solid houses with large gardens and fields, seemed to indicate it as a most suitable position, and in 1904 the present site was acquired and presented by Lord Hambleden (then the Hon. W. F. D. Smith), the Chairman of the Hospital Board of Management and the Removal Fund Committee. This site is situated at the junction of Denmark Hill with the S.E. & C. and the L.B. & S.C. railways. In size it is approximately just over 12 acres, and at the time of acquisition was occupied by six large, comfortable houses, with delightful gardens, orchards, and meadows. It is rectangular in shape, and has a gentle slope down from east to west, and a marked fall from south to north of some 15 feet. Ruskin Park, comprising about 22 acres, and dedicated to the memory of John Ruskin, with whose name Denmark Hill is so intimately associated, occupies the ground immediately opposite the hospital site on the other side of the railway. It can readily be seen what benefits to the hospital accrue from its proximity to such an open space.

Of the competition held soon after the acquisition of the site little need be said. On 17th March 1908 Lady Esther Smith cut the first sod after a brief dedicatory service, and building operations were commenced. The buildings were proceeded with, block by block, as the detailed working out of each section was completed. On 20th July 1909 King Edward VII. and Queen Alexandra attended in semi-state, and His Majesty laid the foundation stone, which can be seen in the main entrance portico. It is of melancholy interest to note that this was the last public ceremony of its kind performed by King Edward before his lamented death. On 26th July 1913 our present Sovereign, King George V., accompanied by Her Majesty the Queen, inaugurated the building, and in November of that year the first patients were admitted.

Such then, briefly, is the history of the removal of this great hospital. Thomas Bellamy's pile, ennobled by fine traditions, and by association dear to the hearts of all who have been within its walls, is no more; but the traditions of Lister and Todd, Ferguson, Priestly, and many others, have transferred themselves to the new buildings, where such great work for the alleviation of pain and suffering is being carried on.

Lay-out.

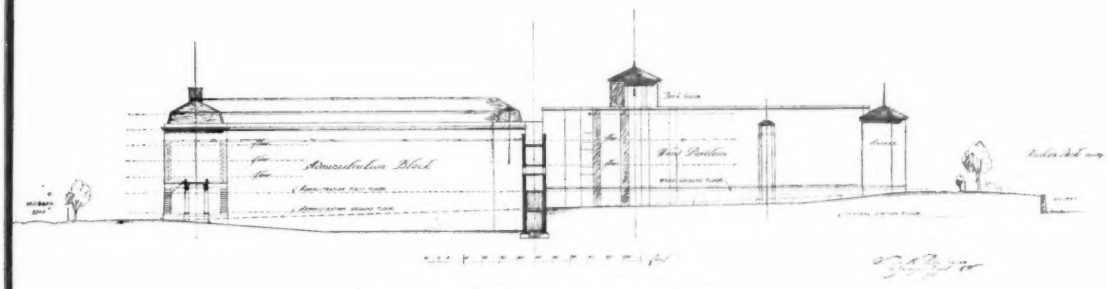
The general contour of the site produced a certain and definite problem, and the solution of this was at once effective and of far-reaching consequence. The ideal hospital site, it need hardly be urged, has a gentle slope towards the south, whereas the site at Denmark Hill had a steep fall in the opposite direction of about 15 feet in the total width of 528 feet.

Certain first principles governed the disposition of the buildings over the site, and the application of these to suit the exigencies of the occasion was a matter of much thought and consideration. The

natural position for the wards to occupy was the southern portion of the site, and upon the placing of the Administration Block in relation to the wards hinged, to a great extent, the solution of the problem. It is an interesting fact worth recording that, having decided upon the general disposition of the buildings, it was practically impossible to move the central axial lines of the whole scheme more than a few feet either way.

At the time of the competition Bessemer Road existed only on paper, and it seemed natural enough that the Administration Block should take up its position on the main road—Denmark Hill. However, after due trial, the present position was decided upon, but it still remained to grapple with the slope of the site. It was found, however, that a floor-line taken from about the highest level of the site—*i.e.*, the southern boundary—permitted the inclusion of another floor under on the northern portion of the building. That is, by placing the first floor of the Administration Block on a level with the ground floor of the ward blocks, that portion of the Administration not immediately connected with the wards was at once thrown out of direct contact with them and their attendant flow of ward traffic, whilst that part of the Administration devoted to nursing was placed in a position most convenient for communication with all the wards and their attendant units.

The position of the wards and the Administration Block having been settled, the remainder of the

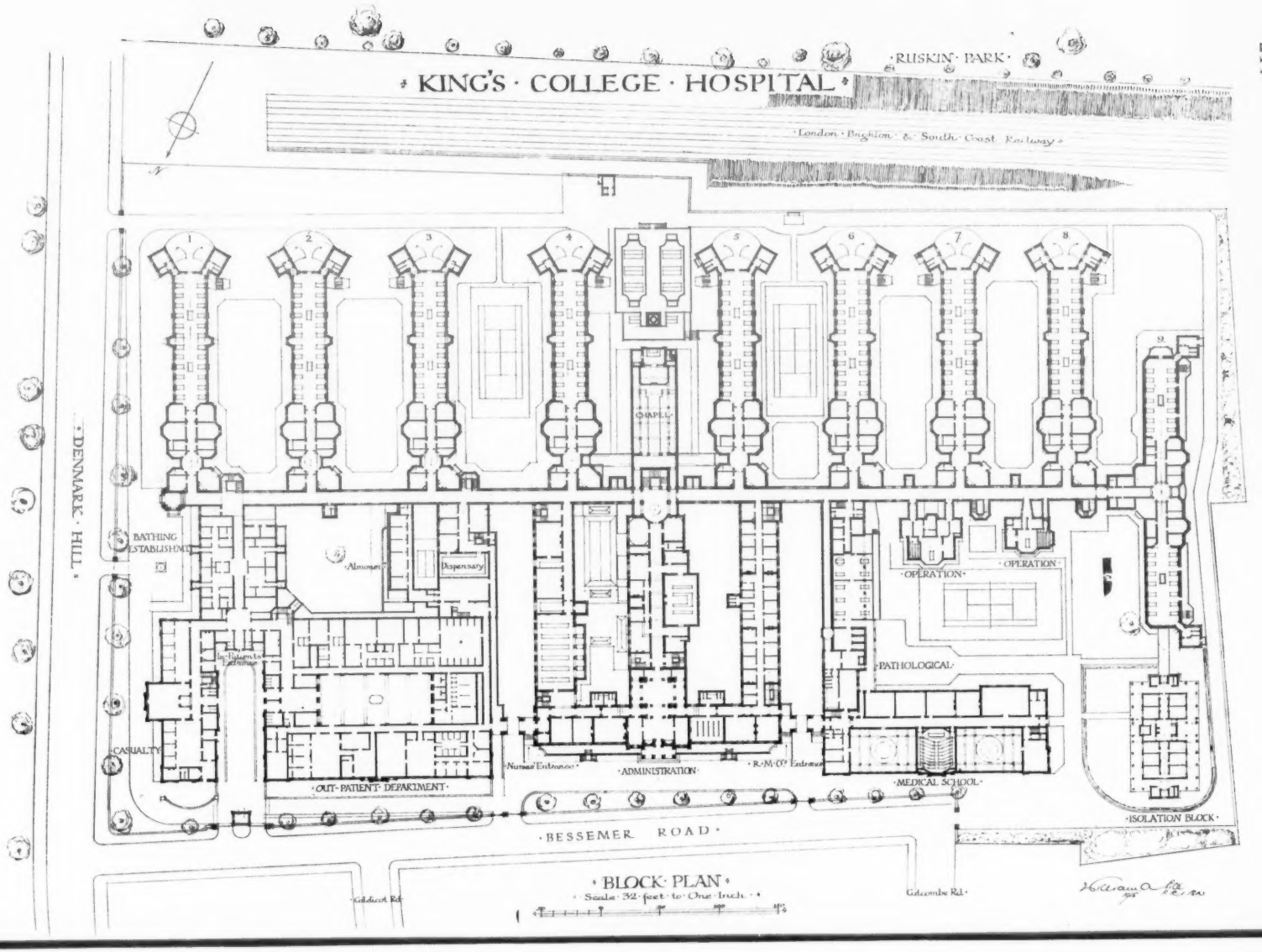


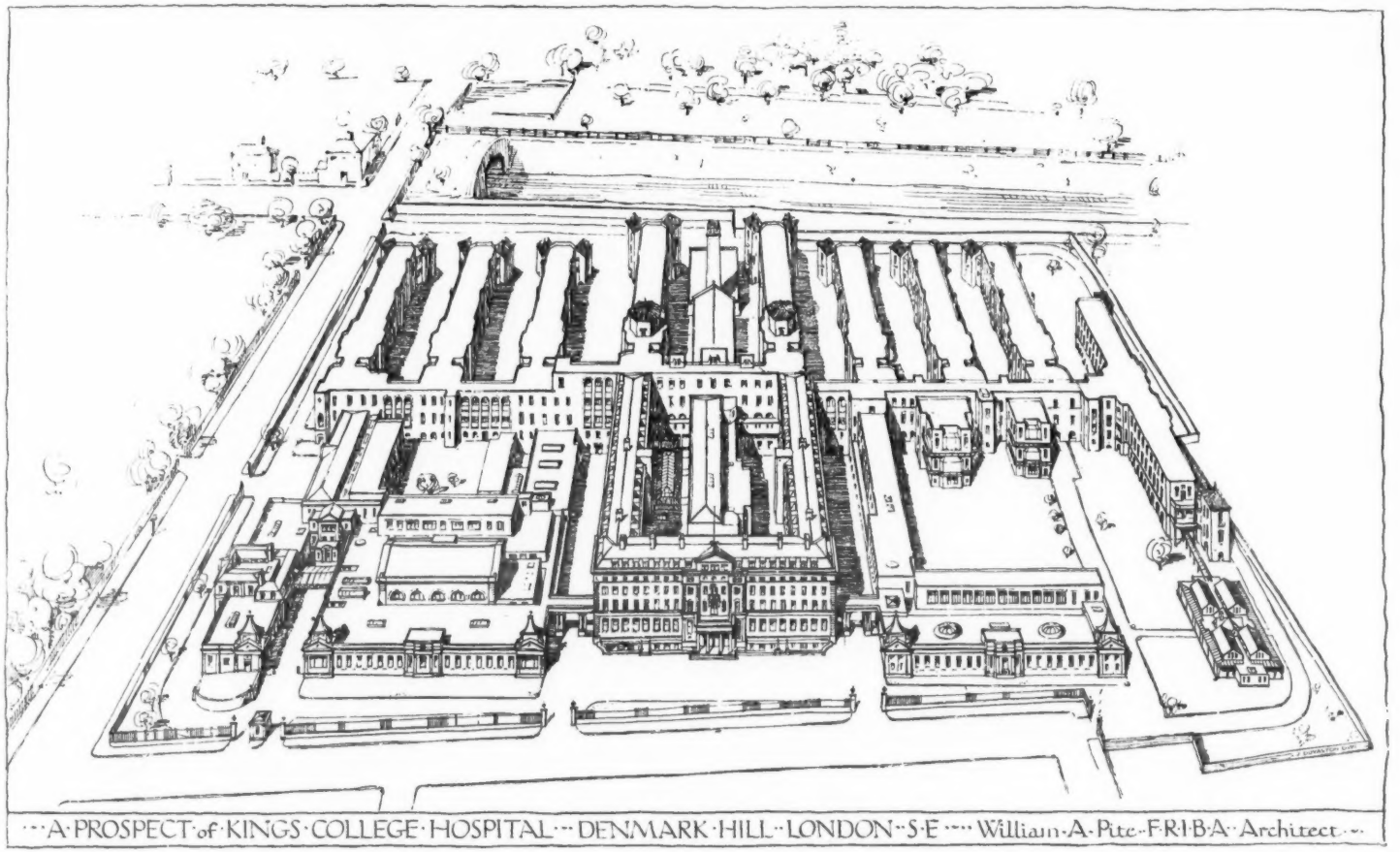
Diagrammatic Section of Site, North to South.

buildings fitted in in almost a natural sequence, and a study of the Block Plan [p. 244] will demonstrate the disposition of the various portions of the organisation. The proportion of unoccupied land to buildings is as follows :—Land, 7·75 acres ; buildings, 4·50 acres. The site is divided into two portions, northern and southern, by the main hospital corridor. The ward pavilions themselves occupy the whole of the southern portion of the site, stretching from east to west in an unbroken line, the chapel and central station bisecting this. Not only do the wards benefit by the sun and air, but the patients in them have the full advantage of the pleasant sylvan aspect of Ruskin Park, only separated by the railway, the inconvenience of which is minimised by the fact that the lines run in a shallow cutting, and half the traffic is electric traction. The main hospital corridor at once divides the wards from the rest of the hospital and provides inter-departmental communication.

The central position occupied by the Administration Block permits the minimum amount of distance to be covered in communicating with any of the wards. Had this block been placed on the Denmark Hill front of the site, the walking distance from this department to the western wards would be doubled. Bessemer Road provides convenient and private access to the main entrance, and the Nurses' Home, contained in the upper storeys, in this block is isolated from the traffic of Denmark Hill and its consequent disturbing influence.

The eastern portion of the site is occupied by the Out-patients' and Casualty Departments, with whose working the noise of traffic offers least interference, whilst at the same time its proximity to


KING'S · COLLEGE · HOSPITAL
RUSKIN · PARK
London · Brighton · & · South · Coast · Railway
DENMARK · HILL
CHAPEL
BATHING ESTABLISHMENT
Almoner
Dispensary
OPERATION
OPERATION
PATHOLOGICAL
CASUALTY
Nurses' Entrance
ADMINISTRATION
R.M.O.'s Entrance
OUT-PATIENT DEPARTMENT
MEDICAL SCHOOL
ISOLATION BLOCK
BESSEMER ROAD
Coldharbour Rd
Grosvenor Rd
BLOCK PLAN
Scale 32 feet to One Inch


A PROSPECT of KINGS COLLEGE HOSPITAL DENMARK HILL LONDON S.E William A. Pite F.R.I.B.A. Architect

the main road provides ready access for the large daily flow of patients without bringing them into contact with the rest of the building. The Casualty Department occupies the extreme north-east corner of the site, at the junction of Denmark Hill with Bessemer Road, and the courtyard formed between this block and the Out-patients' Department contains the entrances both to the departments mentioned and to the wards. In-patients and their friends enter a door at the end of this courtyard, and by means of a short corridor through the Bathing establishment are brought into the main hospital corridor, where a staircase and lift give access to the upper floors. Thus the entrances for patients of all descriptions are grouped round one courtyard, which greatly facilitates the working of the Administration. The keynote of the planning of the building has been "centralisation and radiation." It will be seen that the various staff entrances are all contained in the Administration Block, and that all departments, self-contained when necessary, radiate round what may be termed the eye of the building—the main staircase at the junction of the Administration Block with the main corridor.

To return from this digression to the description of the disposition of the buildings, it will be seen that the remaining or north-western portion of the site is occupied by the Pathological Block, the Medical School, the Operating Theatre Blocks, and the Isolation Block. The Pathological Block, which contains the Mortuary Department, is directly connected with the main corridor, and the Medical School at either end. These form an L-shaped plan, the Medical School balancing in elevation the Out-patients' Department, and by its very position screening those portions of the site which should be essentially private. These portions are the Mortuary exit and the Operation Theatre Blocks, which are two in number, each containing two theatres. They are connected with the main corridor west of the Pathological Block; whilst beyond them stretches the northern wing of the special ward block, terminating the main corridor and providing, in its basement, access to the Isolation Block in the extreme north-west corner of the site.

The original intention of placing the Central Heating and Lighting Station at the western extremity of the site was found impracticable owing to the level of the ground. So its position was decided upon in the centre of the southern portion of the site, which is, of course, most economical for the runs of piping. It has been found possible to place this department in an excavation, so keeping the roof at a low level, affording no obstruction to the wards, and providing a pleasant roof promenade for the use of the patients. A roadway around the site provides access for coals, etc. The possibility of the construction of a siding from the railway has been provided for.

The bird's-eye view [p. 245] shows the grouping both in plan and elevation. It will be seen that the Administration Block and the two Centre Ward Pavilions are the highest portions of the building. On either side are grouped the other buildings, all on a lower level, with the exception of the Special Ward Block. The upper storey of this, however, is a provision for future extension, as are the three Eastern Ward Blocks, which nevertheless are a vital part of the scheme, and as such have been included in the description. On the portion of the site which these will eventually occupy are retained three of the original houses.

The site on its road boundaries is enclosed by a simple but effective wrought-iron railing, and a roadway runs round the site inside the boundary. The border between this and the railing has been planted with various trees and shrubs, nearly all of a flowering variety, and as many as possible of the existing trees have been retained, though unfortunately some of the most attractive had perforce to go.

Architectural Character.

In dealing with a hospital building, one of the greatest factors acting upon the design is the restraining influence of the requirements. The building must be structurally as sound and perfect as possible, but charitable money is not to be expended on undue architectural embellishment. At the same time there is danger of erring in the opposite direction and producing a building utterly bald

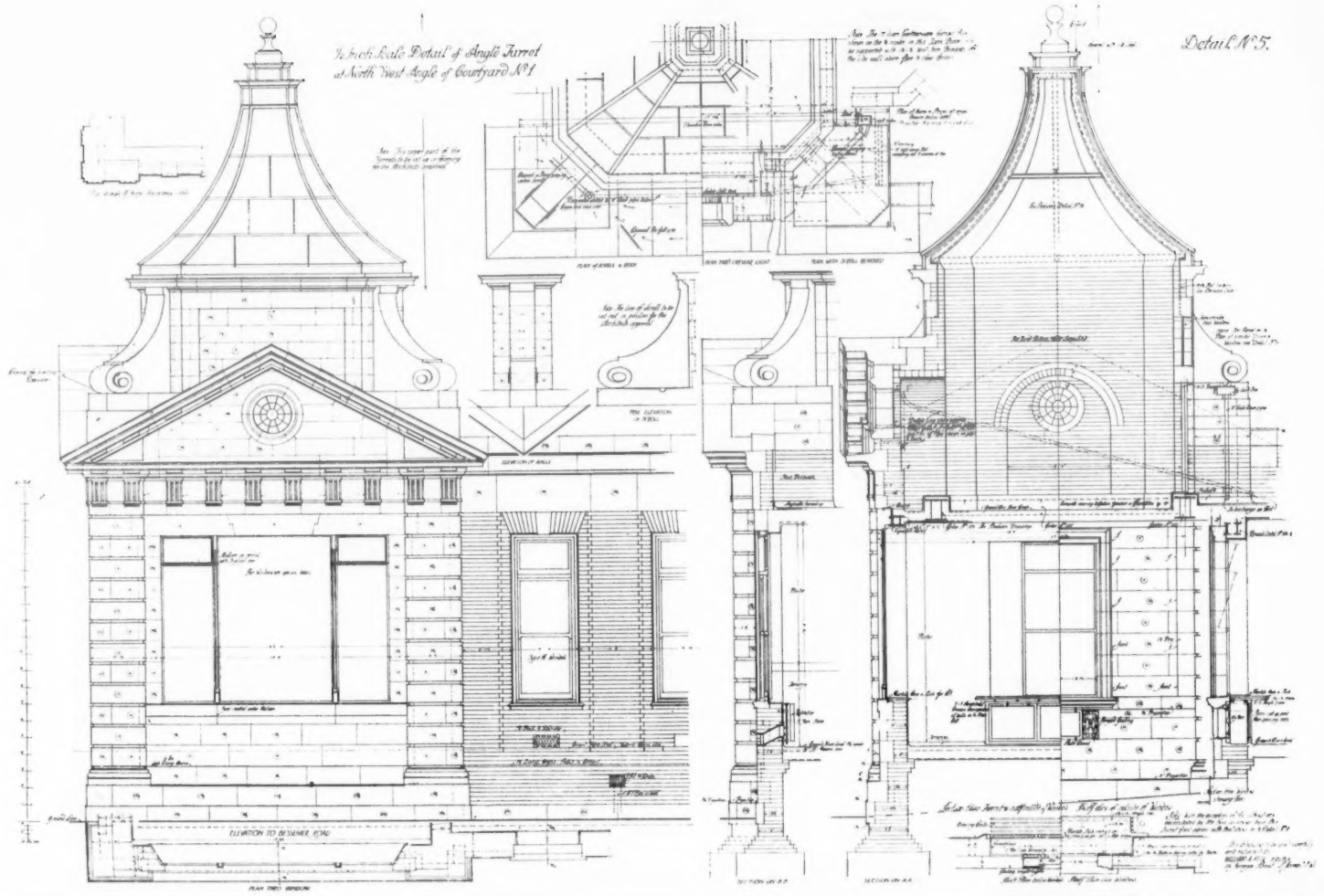
and devoid of interest. The general *motif* of the design in this case is inspired by the restrained school of the mature English Renaissance; but of necessity parts of the building, especially those which contain the more technical portions of the hospital, have a character entirely their own, and by the very truthfulness of the interpretation of the purpose give the impression of a substantial well-proportioned and sincere building, not disguised in the cloak of any architectural style. The Administration Block, the more domestic part of the building, rises in a compact and dignified mass. A Roman Doric portico in Portland stone marks the main entrance, and colonnades of similar character connect this block with the Out-patients' Block and the Medical School which flank it on either side. The ground storey is faced with cherry-red bricks, the upper floors being treated in picked London stocks with red dressings. This brickwork is framed in by Portland stone quoins, and a certain massing of stonework in the centre and along the storey under the large crowning cornice gives the

Out-patients' Department.

effect of a dignified and broad treatment, further enhanced by the long sweep of the mansard roof, executed in Westmoreland slates.

The flanking buildings, with the stonework massed in appropriate positions, both in the centre and under the lead-covered turrets, are not without character and interest. The treatment of the wards themselves, with the bricks of various and pleasing colours, and the windows recessed, breaking the wall surface into a series of verticals, displays a building at once utilitarian and well-proportioned.

Internally a hospital does not offer much scope for architectural treatment, as that term is generally understood. But the hard, clean surface and finish required by the amenities of working and cleansing does not produce an altogether mechanical impression when sympathetically treated. In those places where a certain amount of treatment of a more architectural character is permitted, the requirements of hospital finishing still hold good, though in a much less marked degree. But this restraining influence has had quite a beneficent effect upon the design, making proportions tell more than enrichment. Such rooms as the Chapel, Board Room, Nurses' Dining Hall, Secretary's


Detail N°5.
ELEVATION TO DESMOND ROAD

Office, and the Library in the Medical School have a character quite their own, and they convey an impression of solidity and good quality, and of general restraint and restfulness.

MAIN HOSPITAL CORRIDOR.

The Main Hospital Corridor, the great artery of the organisation, serves to connect the Administration Block—the heart—with all parts of the building, and at the same time provides all inter-departmental communication. Its central position minimises the amount of ground to be covered, and although its length is almost 900 feet the various parts of the building are so disposed that it is rarely necessary for anyone in the course of duty to have to traverse the whole of this length. It may be interesting to note in this connection that the actual experiences of those engaged in the administration of the hospital have shown that the minimum amount of time is expended in reaching the various parts of the building. The ease of working is the supreme test of the planning of a building of this nature, and in the case of King's College Hospital the principle of "centralisation and radiation" which has governed the planning may be said to have been amply justified. The central corridor with its various staircases, especially the principal staircase in the Administration Block, is a vital part of the planning of the building, and due consideration has been paid in the matter of avoiding all unnecessary congestion of traffic in it. Therefore all large departments are entirely self-contained, and by this means hundreds of people using these blocks never find their way into the main corridor. The empty appearance of this corridor has been remarked by those who are used in other hospitals to seeing the main corridors crowded with people, and such a state cannot but cause confusion and delays. It can thus be seen how vitally important is the planning of the main artery of a large hospital, both from the view of ease of working and avoidance of congestion.

The corridor has a uniform width of 10 feet. The disposition of the various buildings has been explained, and is shown on the block plan [p. 244]. Between the various buildings "blow-throughs" are introduced between the floors of the corridor, and in every way encouragement is offered to the efficient circulation of air over the site. The floors are of asphalt, with Durato border and cove skirting, and the corridor is amply lit and ventilated by improved "Austral" windows, which are described in the section dealing with the wards, radiators being installed to ensure adequate warming.

THE ADMINISTRATION BLOCK.

The Administration Block is built in four portions, the front one being connected with the Main Hospital Corridor by the other three. The departments housed in this block are the Secretarial and the Resident Medical Officers on the ground floor, the Nurses' Home, the Kitchen and the Servants' Home.

There are three principal entrances and two subsidiary ones to this block, besides goods entrances. The main entrance is in the centre of the block, and at either side under the colonnades are the Nurses' and the Resident Medical Officers' entrances. These communicate with the corresponding departments, which can at will be shut off from the rest of the building. At either side of the main entrance portico are steps down to the basement entrances, one being for porters and the other for servants. Goods entrances are in the courtyard between the Administration Block and the Out-patients' Department. This courtyard also contains the Dispensary Goods entrance.

The main entrance opens into a vestibule with Porters' Office and Students' Room on either side. Beyond this is a transverse corridor joining the Resident Medical Officers' and Nurses' entrances. But, and this is important, doors placed across this corridor convert it into three portions, of which the Nurses' portion is always kept cut off by a locked door. The same can be done with the Resident Medical Officers' portion, but in practice it is considered convenient that their department shall be accessible from the main entrance as well as from its own separate entrance. On the other side of this corridor and directly opposite the Lobby is the Hall. This embraces two floors, and is of a simple

plaster-finished columnar treatment, crowned by a flat dome with circular top light. The upper floor is carried round as a gallery, linking up the various departments over. From this hall runs a corridor to the principal staircase, the eye or centre of the whole scheme. On either side of this corridor are disposed the various rooms of the Secretarial Department and the Board Room.

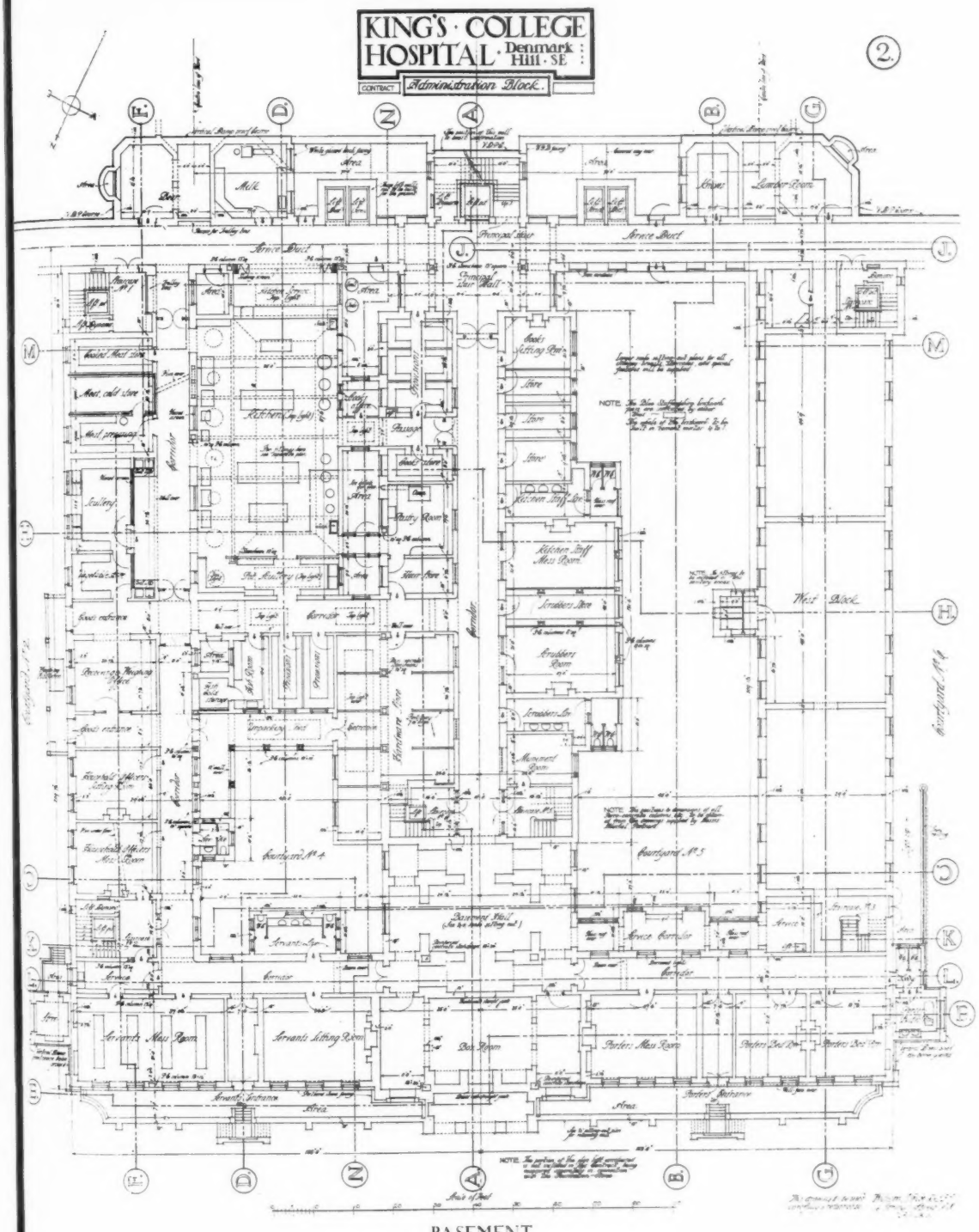
The Board Room, measuring 42 feet by 27 feet, is treated in a simple and effective manner. The walls are finished in flatted "broken white" paint, and a series of portraits of those who in the past have done much to build up the reputation that King's College Hospital enjoys to-day are framed and treated as part of the decorative scheme. In pleasing contrast is the light hue of the oak joinery and the mellow tone of the teak floor, whilst a note of colour is added by the fireplace, which is executed in Polyphant, a powder blue Cornish stone of a slate-like texture, forming an admirable frame to the bright steel basket grate. The large windows, doors, of which there is a pair at either end, and the dado are of Austrian oak, and radiators are concealed within the window recesses.

End View of Administration Block.

The Secretarial Department comprises a range of inter-communicating offices opposite the Board Room, amongst them being a strong-room. There are also Clerks' and Dining Rooms, with service, and Lavatory accommodation. The Secretary's Office itself is treated in the same spirit as the Board Room, and has adequate cupboard accommodation. These cupboards are recessed in the wall, and their doors are sliding.

The Resident Medical Officers are housed in the west wing. Bed and sitting-room accommodation is provided for twelve, each sitting room, however, being shared by two men. Three bathrooms and a disconnected sanitary annexe complete the suite. These rooms are disposed on either side of a corridor communicating with the Main Hospital corridor. In the front block are the Dining and Recreation Rooms, and the position of the entrance directly opposite that to the Medical School is of great convenience for communication between the blocks.

The entrance to the Nurses' Home is at the north-east corner of the block, corresponding to the


KING'S · COLLEGE
HOSPITAL · Denmark Hill · SE
CONTRACT
Administration Block.
2.
Milk
Linens
Laundry Room
Principal Entrance
Principal Entrance Hall
Nurses' Sitting Room
Store
Kitchen
Kitchen Staff Mess Room
Scullery
Pot Scullery
Butlery
Housekeeper's Room
Housekeeper's Sitting Room
Housekeeper's Store
Housekeeper's Bedroom
Dispensary
Dispensary Hall
Matron's Sitting Room
Matron's Bedroom
Matron's Bathroom
Matron's Dressing Room
Matron's Maid's Room
Matron's Maid's Bedroom
Matron's Maid's Bathroom
Matron's Maid's Dressing Room
Matron's Maid's Sitting

Resident Medical Officers' entrance. Here there is a female porter's office, a cloak room and lavatory, and a room in which nurses can see their friends. From the staircase hall a stair communicates with all floors of the Nurses' Home, and in the well of the stair is installed an electric push-button lift. Leading off this hall is the large Dining Hall (63 feet by 38 feet 4½ inches), providing seating accommodation for 150 nurses, and a serving room, with hot-plate carving table, is placed at the south end; electric lifts communicate with the Kitchen Department below.

The Dining Hall has a flush hardwood dado. The octagonal piers to the large bay are an example of what might be termed the "Hospital Order." The lead cames of the large windows give scale to the room. Beyond this room are two smaller messrooms, one for the use of Sisters, the other being used for Nurses' luncheon.

On the first floor in the front block are situated the Nurses' Recreation Room, with balcony over the entrance portico, Staff Nurses' and Probationers' sitting rooms, and a writing room. At either end of this floor are the Sister Matrons' and the Assistant Matrons' apartments. The Sister Matrons' suite comprises sitting room, dining room, bedroom, bath, and w.c. It is entirely self-contained, with a small internal passage hall. The Assistant Matrons' suite is similar, with the omission of the dining room. The nurses' bedrooms on the floors over are reached by the before-mentioned staircase and lift from the nurses' entrance. Other staircases are placed at the southern end of the east block and western end of the north block communicating with the bedroom floors, and giving access from them to the dining hall, the nursing administration, and the wards. The two former are reached viâ a short private corridor parallel to the Main Hospital corridor leading to the first floor of the main staircase hall.

The administrative portion occupies the centre block on this floor. It contains the matron's office suite (comprising office, secretary's room, and waiting room), a uniform-maker's room, three Sisters' sitting rooms, and a sick Nurses' consulting room. Over the Board Room is the Nurses' Classroom, which is very pleasantly lit by a clerestory top-light. In this room are installed various forms of apparatus, including a range for cookery demonstrations. There is a lavatory in connection with this room, and the Assistant Matron, who supervises the Nurses' tuition, has an office in close conjunction. Opening into the staircase hall, and opposite the chapel entrance, are the Chaplain's rooms—bedroom and study. A private staircase connects this floor with the Secretarial Department below.

The floors of the corridors and bedrooms are covered with linoleum; there are disconnected sanitary towers containing on each floor water-closets, and a bathroom is provided for, on the average, every six bedrooms. A basin is fitted in each bathroom, and the baths have an ingenious arrangement of calorifier cistern whereby a limited but ample supply of hot water is assured for each time of using. The floors are of terrazzo, with channels benched up in the same material. Three hair-washing rooms are provided. These each contain a range of large special basins; and two small gas fires, fixed at a convenient height from the floor, facilitate the drying of the hair.

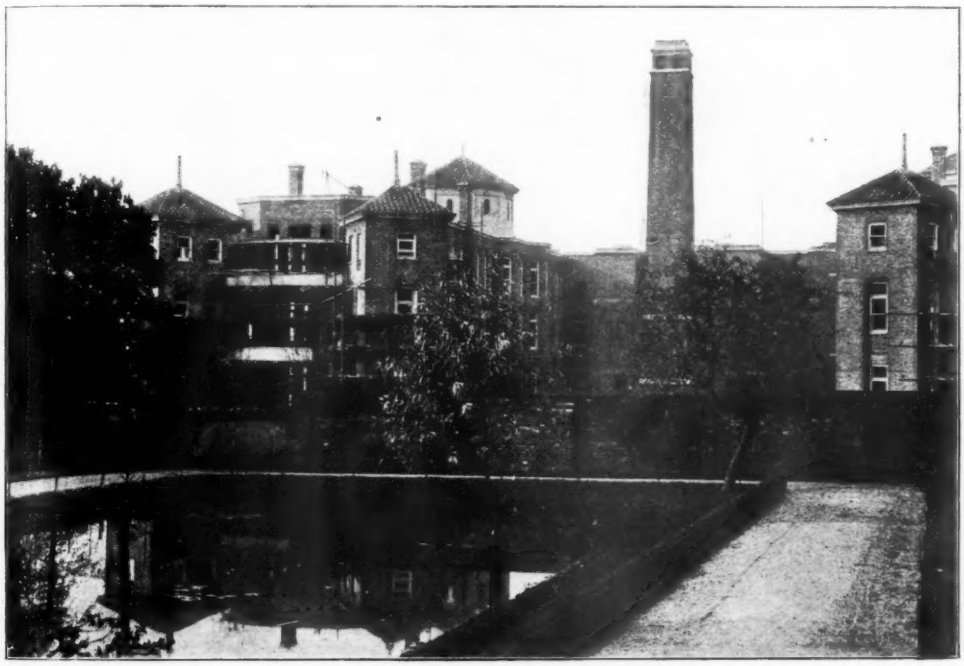
The bedrooms themselves measure on the average 12 feet by 9 feet. They are fitted with a built-in wardrobe reaching to the ceiling, thus avoiding the usual dirt-pocket on top of an ordinary wardrobe. A marble angle slab for jug and basin and a smaller one for the carafe are fitted in each room. The corridors are well warmed by radiators, and a fanlight with check-stay over each door regulates the entry of warm air to the rooms, whilst an extract flue in each room assures constant circulation of air. The walls are finished with distemper.

The servants' bedrooms are contained in the two upper floors of the central block. Cubicle accommodation for about fifty is provided, several larger bedrooms being set apart for the upper servants; large lavatories, with a good range of basins, are installed on each floor, besides bathrooms and sanitary accommodation. The Servants' Home communicates directly with the Kitchen Department by a stair passing the Sister Matrons' floor, and accessible therefrom.

The kitchen, a large room measuring 70 feet by 35 feet, is situated in the courtyard between the

east and centre blocks. A screened and ample service lobby separates it from the Main Hospital corridor (basement), whence access is obtained to the service lifts. The roof is constructed in ferro-concrete, and is an interesting example of the use of this material. It contains a large top light. In the Engineering Section will be found a description of the apparatus installed. To a certain extent areas divide the kitchen from the main blocks, and flues are provided to carry away all cooking smells. Around the kitchen are disposed the various stores and larders, scullery and pastry room, and other similar rooms, whilst the cook has an office overlooking the kitchen. Near the Kitchen are the Sister Housekeeper's office, and the various grocery and hardware stores are under her direct supervision.

In the centre of the courtyard facing the Out-patients' Department is the goods entrance, the Stewards' Office commanding the view of this door. Near by are the Household Officer's messroom and sitting room. The front block contains the servants' and porters' entrances, which have been



View of Wards from Ruskin Park.

alluded to before; adjacent to these are the respective messrooms. There are also a servants' hall and two porters' bedrooms. The basement of the west block is at present unallotted.

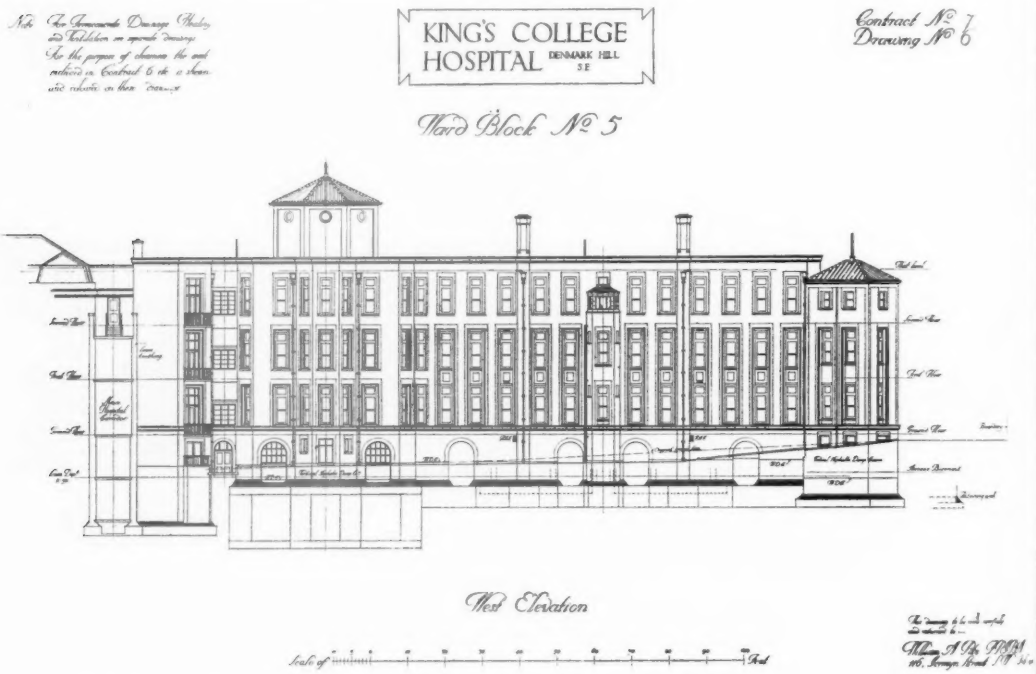
WARDS.

The ward pavilions, as can be seen on reference to the block plan [p. 244], are all placed on the south side of the main corridor, the exception being the northern half of the special ward block. This block is placed with its central axis on the axis of the main corridor at the western end. The ward pavilions have their axes approximately north and south, and get the maximum amount of sunlight, whilst avoiding the discomfort of the Midsummer meridian. The full scheme provides two central three-storey ward blocks on either side of the chapel and central station, flanked by three two-storey pavilions, east and west, which together with the special ward block above referred to comprise a total of nine pavilions. At present the three eastern blocks are not built, as they and an additional storey on

the special block are contemplated for future extension. The spaces between the wards are sufficient to ensure ample lighting, and in the larger one—*i.e.*, that between the three-storey and the adjoining two-storey block—has been placed a tennis court.

The roofs of the wards are flat, covered with asphalt. The sanitary towers are roofed with Italian tiles, as are also the tank-houses on each of the three-storey ward blocks. The elevations are treated in stock brickwork, with red dressings, and plinths of Crowborough stocks; artificial stone is used for the copings, plinth mould, etc.

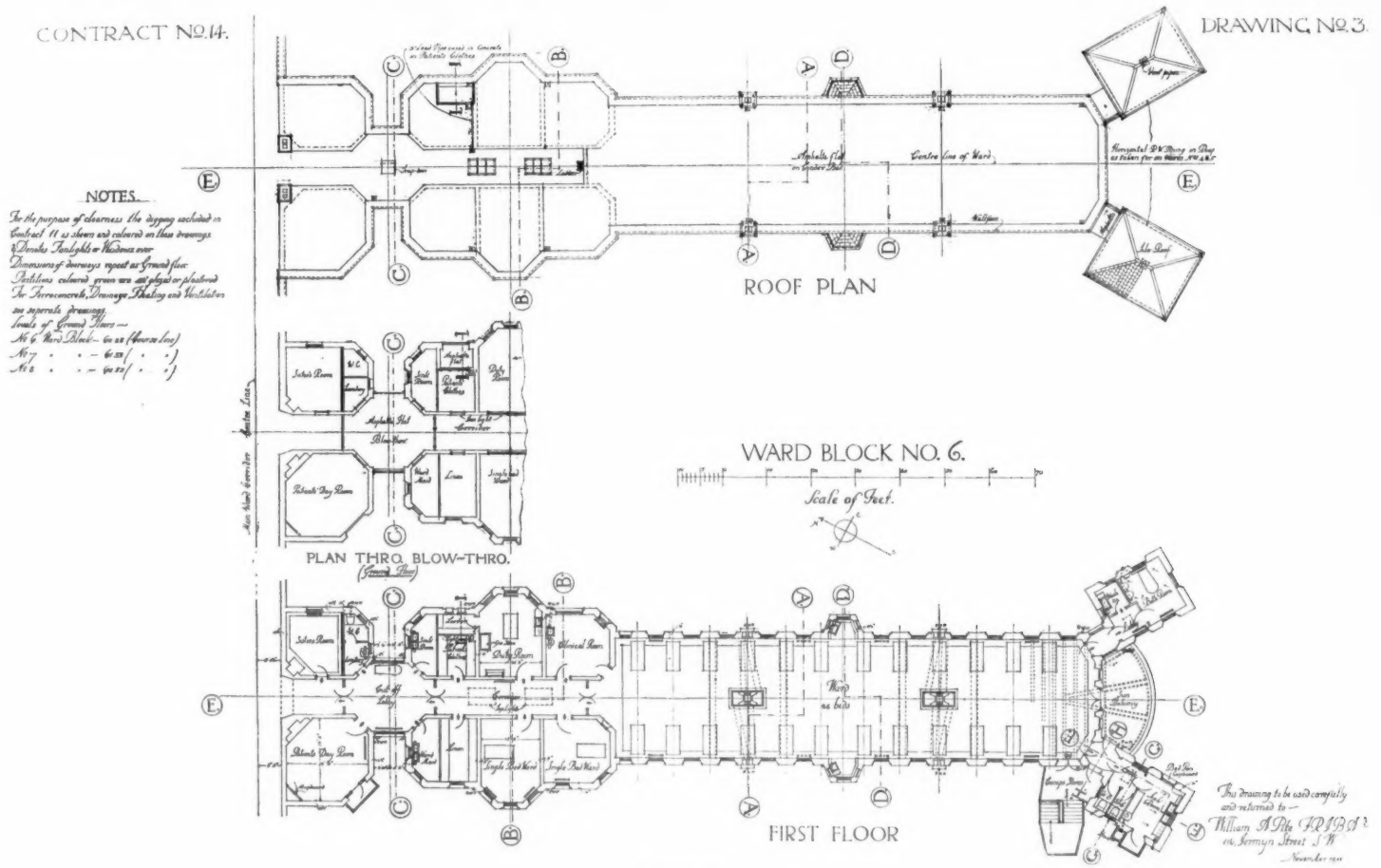
The general view of the wards from Ruskin Park is not without effect, and recently the military patients in their blue hospital uniforms have added a touch of colour and interest. The patients themselves appreciate to the full the benefit of the uninterrupted view obtained from the sun balconies, and in warm weather many sleep out on these at night. The balconies are segmental in plan, and supported by the flanking sanitary towers, which screen them from the inclement winds. They



are well sheltered, the top ones being covered by a glass roof. Adequate protection against accidents is provided by large mesh wire netting, whilst access to the fire escape stairs is obtained through the cut-off lobbies of the sanitary towers.

Owing to the conformity of the site the ground floor wards are on the level with the first floor of the Administration Block, where is placed the nursing administration before described. The space thus formed under the administrative portion of the ward blocks is utilised for various store and other rooms, whilst under the wards themselves it provides a "blow-through" and space for pipe ducts, etc. Access to the Central Station is obtained by a sloping corridor under the two central ward blocks.

The Main Hospital corridor connects all the ward blocks on each floor, the principal staircase with bed lift serving all these floors. There are also subsidiary staircases and coal and diet lifts, directly connected with the stores and kitchen. A staircase, with bed lift, connects each floor of the corridor on the north side, and is used in conjunction with the Operation Theatres.



Plans of Ward

The plans of all the ward units, with the exception of those in the special block, are essentially the same. A wide-arched opening leads directly from the main corridor into the ward corridor, 8 feet in width. Three pairs of swing doors are placed in this corridor. The first two pairs are on either side of the cut-off lobby. The only room accessible before reaching this is the Ward Sisters' sitting room, which is thus in close proximity to the ward and at the same time separated therefrom. Four rooms open into the cut-off lobby; they are the Patients' dayroom, Nurses' lavatory, a sinkroom, and the Wardmaids' closet. Beyond this lobby are, on the left, the Patients' clothes store, the duty room with a small larder, and the clinical room, which also communicates directly with the ward. On the right are a linen room and two single-bed wards. The third pair of swing doors in the corridor lead directly into the ward: these doors are glazed with an ingenious combination of obscured and clear

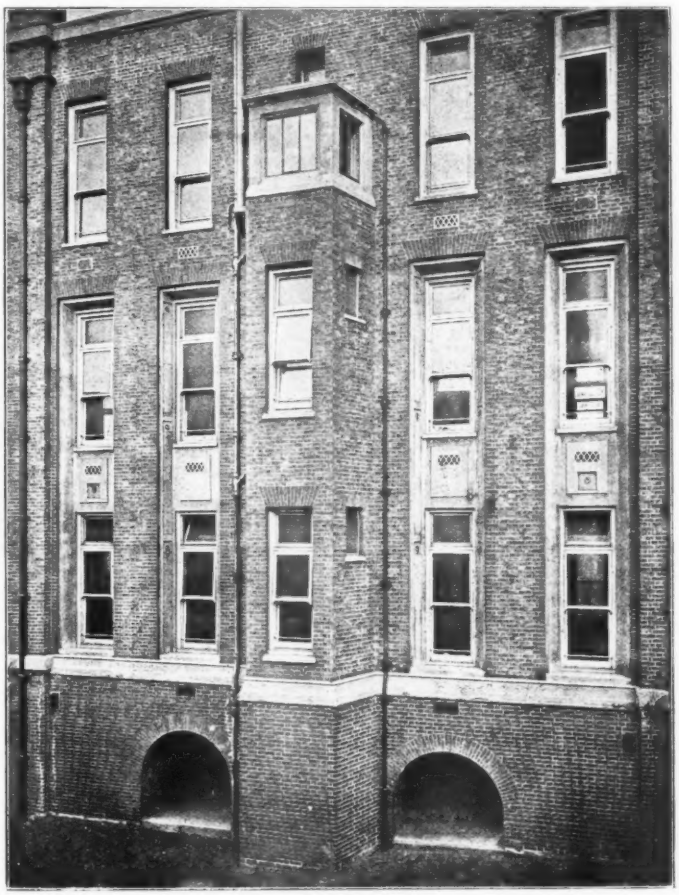
Ward Interior.

plate glass. The advantage of this is that supervision of the ward from the corridor, and *vice versa*, is possible without opening these doors.

The wards themselves are 108 feet 1½ inches long by 26 feet 3 inches wide and 13 feet high. They contain 24 beds, spaced about 8 feet 6 inches centre to centre; the superficial area is 122 feet per bed, the cubic capacity per bed being 1,575 feet. Each bed has a window on either side, the glass area being 1 foot super to 70 feet cube. The windows are of the improved "Austral" pattern, and are flush with the walls. These windows merit a detailed description. They are entirely without boxing, sash lines and weights, being arranged on a system of one sash balancing the other on a pivot turning about a fixed point. A check is provided whereby the frames open to such a position that ample central ventilation is provided with a minimum of draught. By moving this check the sashes, continuing the

movement in their grooves, form large hopper lights which can be considered equal to opening the whole window area. By releasing two catches each sash can be swung in for cleaning. Above these are hopper ventilators, with glazed cheeks, reaching to the ceiling. The glass of these hoppers is obscured in order to diffuse direct sunlight, and thereby enabling the blind to be fixed at the transom level.

The floors of the wards are of the "Mouchel-Hennebique" system of ferro-concrete, the space between the beams being occupied by hollow terra-cotta blocks. These fulfil the double purpose of preventing the conduction of sound, and allow the ward ceilings to be plastered flush. The floors of the wards are of stout linoleum laid on a Durato subfloor, with Durato border and coved skirting. All internal angles are coved to a radius of 2½ inches.



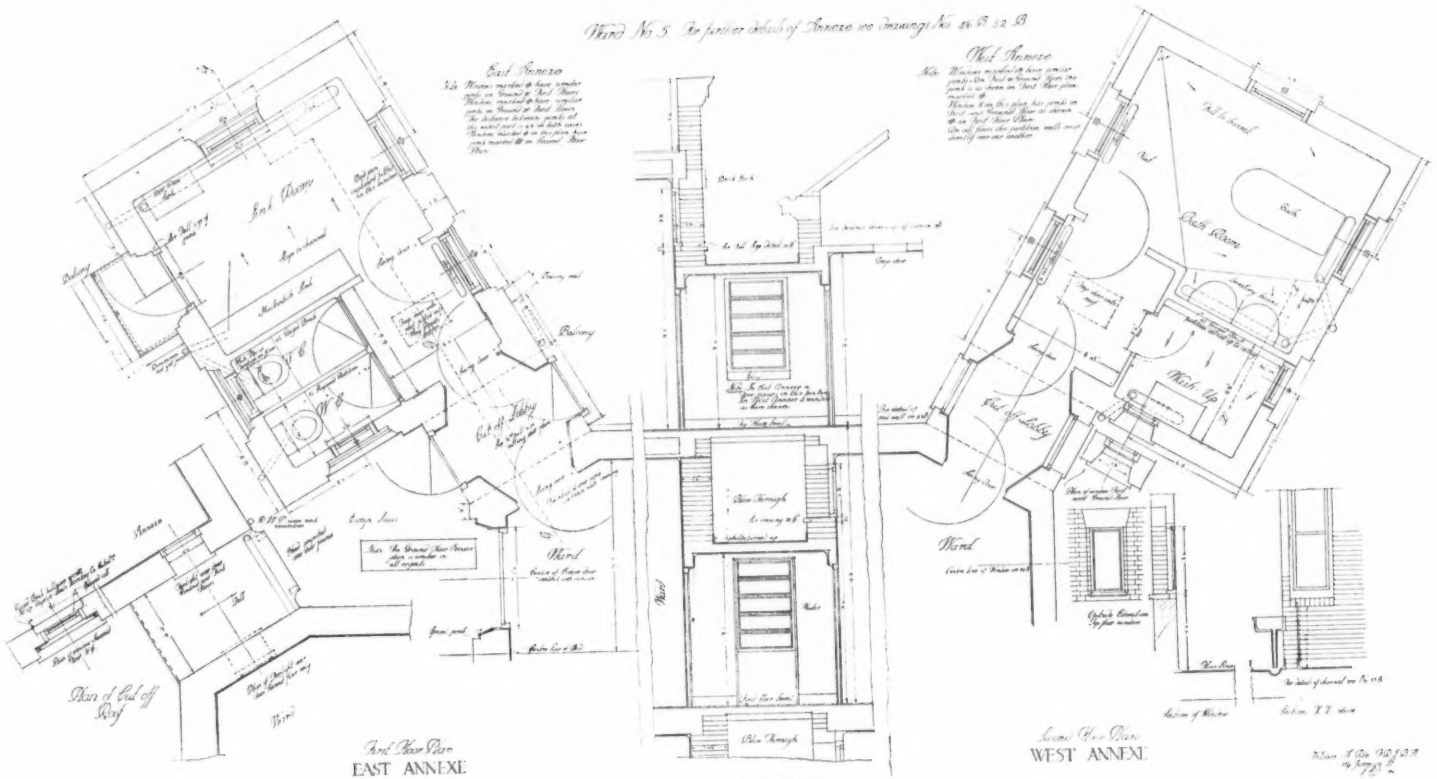
Detail of Ward Sink Bay.

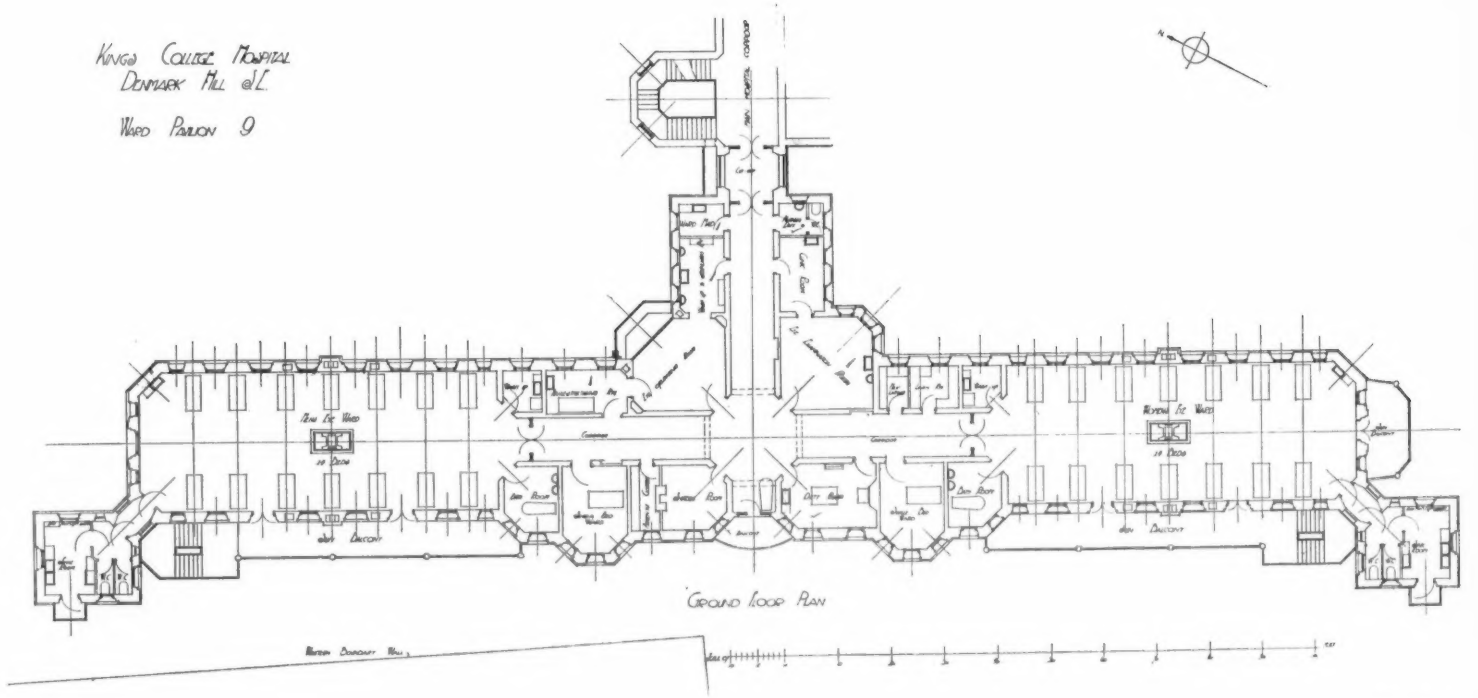
The warming is by radiant heat supplemented by the low-pressure steam radiators of the hospital pattern, with regulating fresh-air inlets. The pipes to these are carried up outside the wards, concealed within the splayed window jambs, which are hollow, with removable concrete blocks with lifting rings in the required positions. Two Teale dual stoves, with descending flues running in the thickness of the floors, and fed by fresh air, are placed in each ward. Opportunity has been taken in the Children's Ward to insert in the tiling of these stoves pictorial representations of such youthful heroes as Jack the Giant Killer, Tom the Piper's Son, and many another.

The walls and ceilings are finished with flat enamel paint, that on the former being of a restful green tint. The doors are all flush hardwood, with double glazed flush bull's-eye lights where necessary. The small bays on each side of the ward are a novel feature. They are of extreme utility, containing as they do basins for the use of the staff and shelves for sterilisers, lotion bowls, &c.

At the end of the ward are large glass doors leading on to the sun balconies, and on either side are the entrances to the sanitary towers, through low, well-ventilated, cut-off lobbies. One of the sanitary towers contains two w.c.'s and a sink room. The closet doors and partitions are 9 inches clear of the terrazzo floor. The closets installed are of a corbel pattern, with waste-preventing cistern immediately over the seat.

L. L.


Drawing No 51 B
Ward No 5. For further details of Annexe see Drawing No 51 B
East Annexe
West Annexe
Ward
Bath Room
Bath
Ward
Ward
Ward

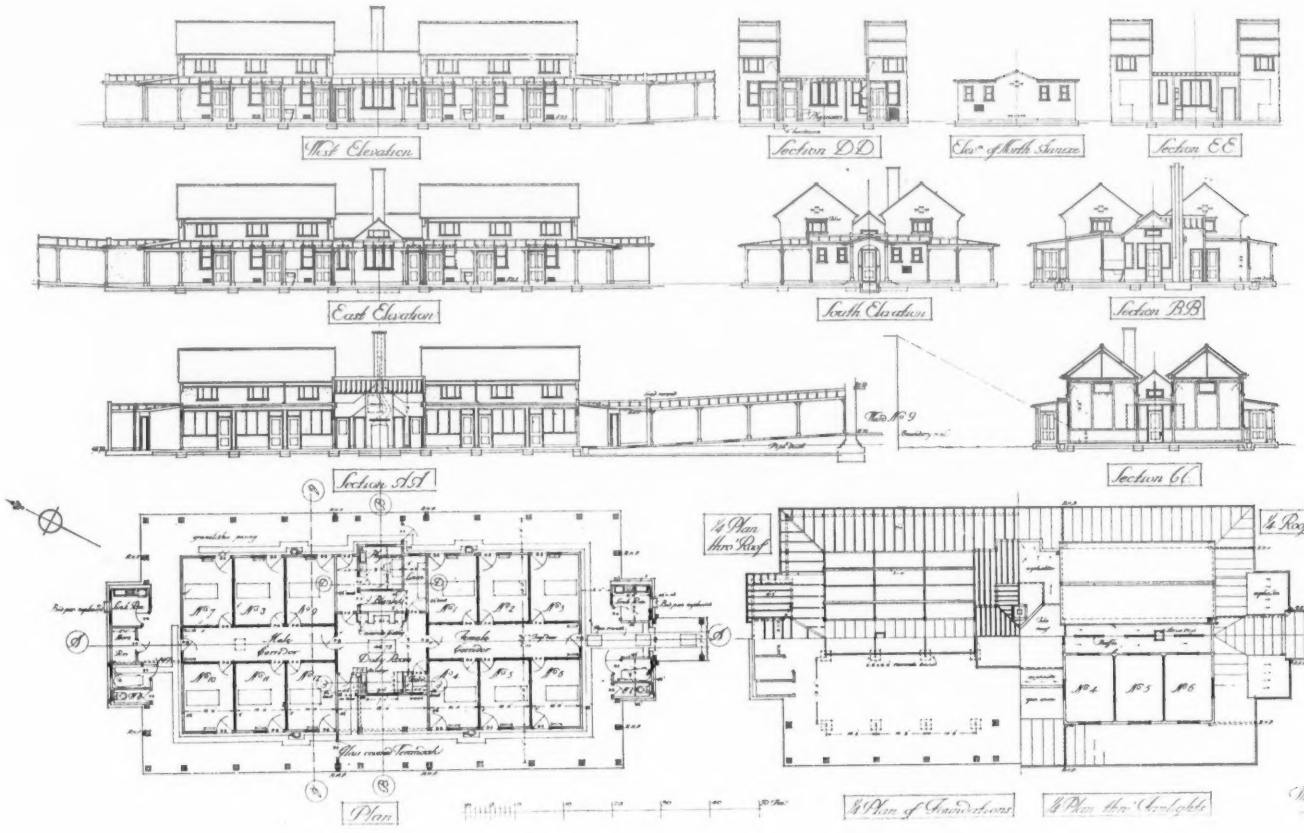

King's College Hospital
Denmark Hill S.E.
Ward Pavilion 9
Ground Floor Plan

Contract No 20

KING'S COLLEGE HOSPITAL DENMARK HILL S.E.

ISOLATED WARDS

Drawing No 1



William A. Pite F.R.I.B.A.
9 George Street
October 1894

260

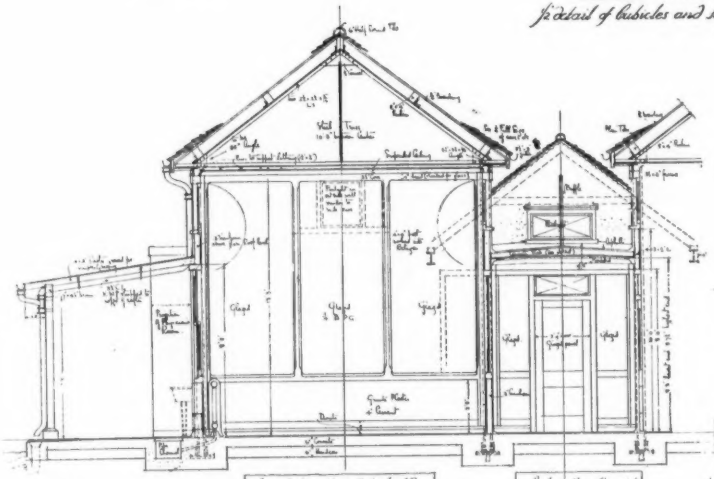
Contract No 20

King's College Hospital S.E.

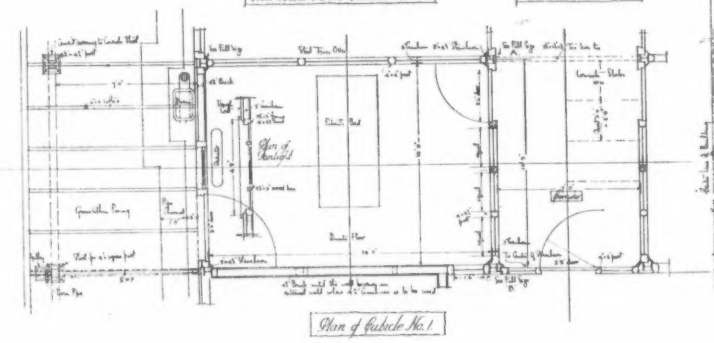
Isolated Wards

for details of Cubicles and Sink Rm

Drawing No 2

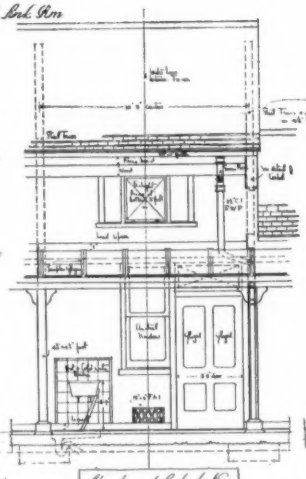


Cross Section thro' Cubicle No 9

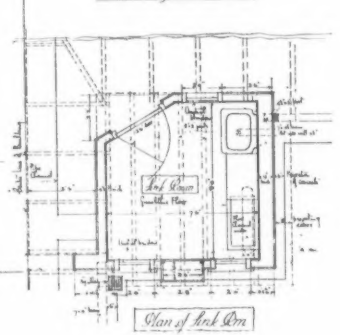


Plan of Cubicle No 1

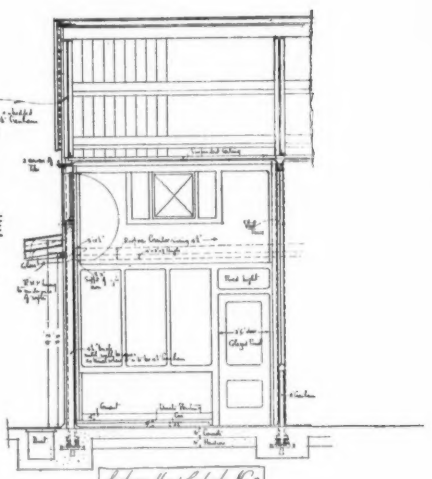
Section thro' Corridor



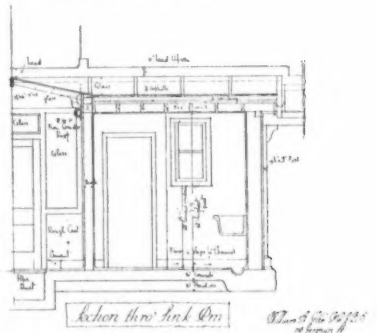
Elevation of Cubicle No 1



Plan of Sink Rm



Section thro' Cubicle No 3



Section thro' Sink Rm

Plan of fire [illegible] to Ward [illegible]

261

The sinkroom contains a bed-pan sink of an excellent type, and warming racks of special design are provided for the bed-pans. An ingenious cupboard for those in which specimens are retained is fixed under a window. It has external ventilation, and is provided with glass shelves and close-fitting metal doors. For soiled linen bins small outside balconies are provided, and the bins are so constructed that the crutches of a simple trolley engage the pivots of the bin, by which means the bin, tightly sealed, can be wheeled away. Other fittings in this sanitary tower are a macintosh sink with scrubbing board and a hot-water bottle heater on the calorifier system.

The other sanitary tower contains bath and lavatory accommodation. The floor again is of terrazzo, with channels into which the baths and basins discharge. A small wash-up room with sink is also provided. The walls of these sanitary annexes are of glazed brick. The warming is by means of radiators.

The single-bed wards are finished in a similar manner to the main wards, having, however, Durato floors. These are served by the special sinkroom, entered from the main ward cut-off lobby, placed at the north end. For the convenience of these patients, and those in the ward who are unable to reach the bathroom, a portable bath is provided. This is kept in the cut-off lobby, where there is a gulley benched up to take the discharge, a valve with hot and cold mixing box supplying the bath.

The Clinical Room and Ward Kitchen both have Durato floors. The former is fitted with a large examination table constructed of teak with an inlaid glass top. The lotion jars are supported on a slate shelf, a sink with porcelain slab and glass shelves being also provided, and a poison cupboard, specially designed and fitted, and provided with electric light.

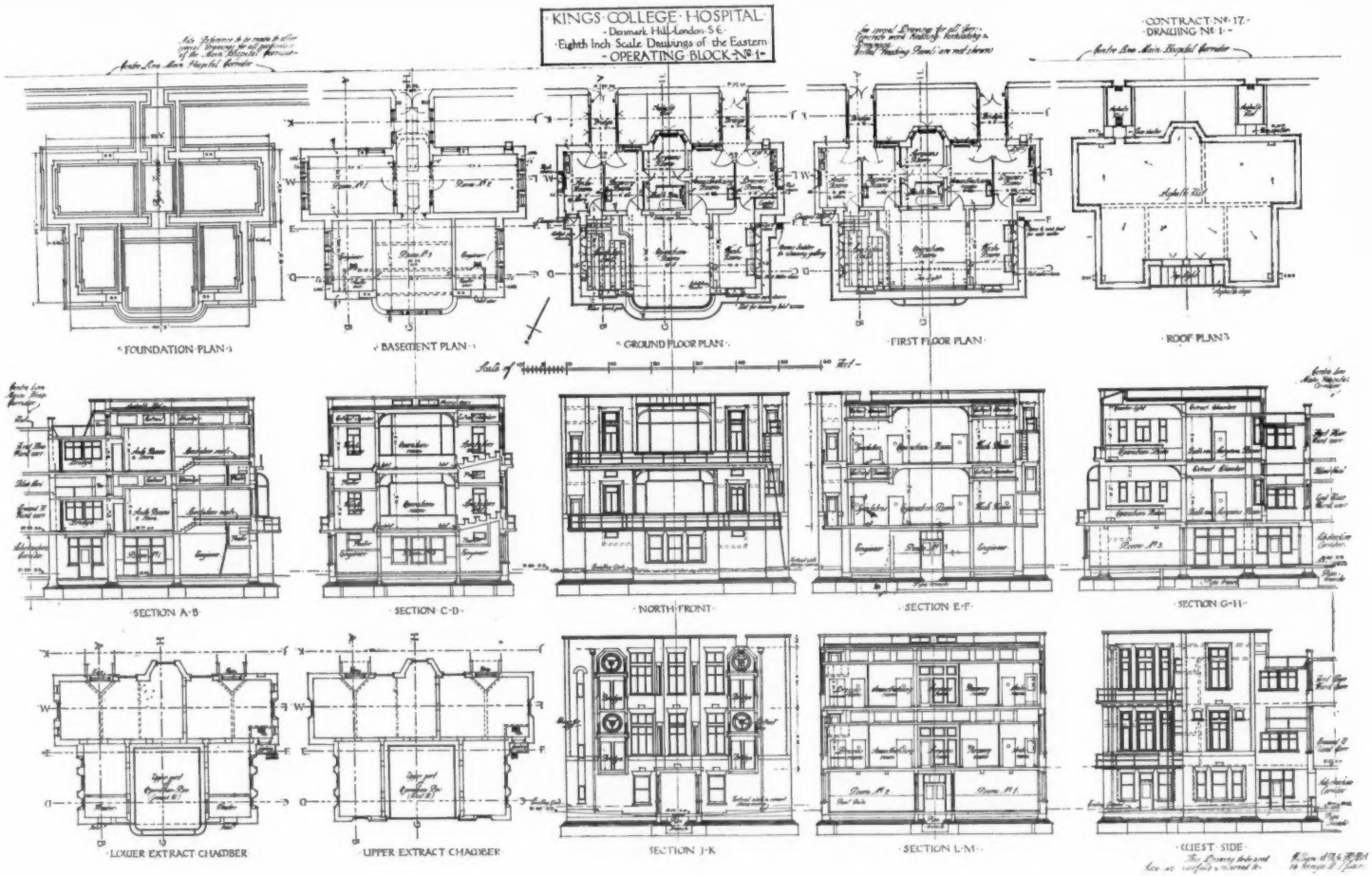
The Duty Room or Ward Kitchen has an electric tea-making and egg-boiling apparatus of special design, which can be filled from a heated reservoir over, the electric current being required only to complete the boiling process, a hot serving closet, heated by hot water, being provided below; a sink with drainer, and plate rack over, is also provided. A cupboard with separate lockers is provided for patients' fruit, and fitted with special removable tin-lined divisions.

The linen cupboards in the Linen Room are provided with sliding doors, ample provision being also made for their ventilation. These cupboards are well warmed by pipe coils off the hot-water system. Where possible this subsidiary system of heating has been adopted in order to enable the steam heating to be closed down in summer.

The Special Ward Block is in many respects similar to the other wards in its internal arrangement. The ground floor contains two wards of 14 beds each, assigned to male and female eye patients respectively. The first floor contains similar wards for Ear, Throat, and Skin patients, male and female. In addition to the usual accessory rooms there is on each floor a special Operation Theatre, with Anæsthetising Room and Wash-up, and an Examination Room in connection with the special wards. A more detailed description of these will be found in the section dealing with the Operating Theatres. In this block there is only one sanitary tower in connection with each ward, the bathrooms being incorporated in the central portions. Sun balconies are placed at the southern end and along the west side of each ward.

OPERATING THEATRE BLOCKS.

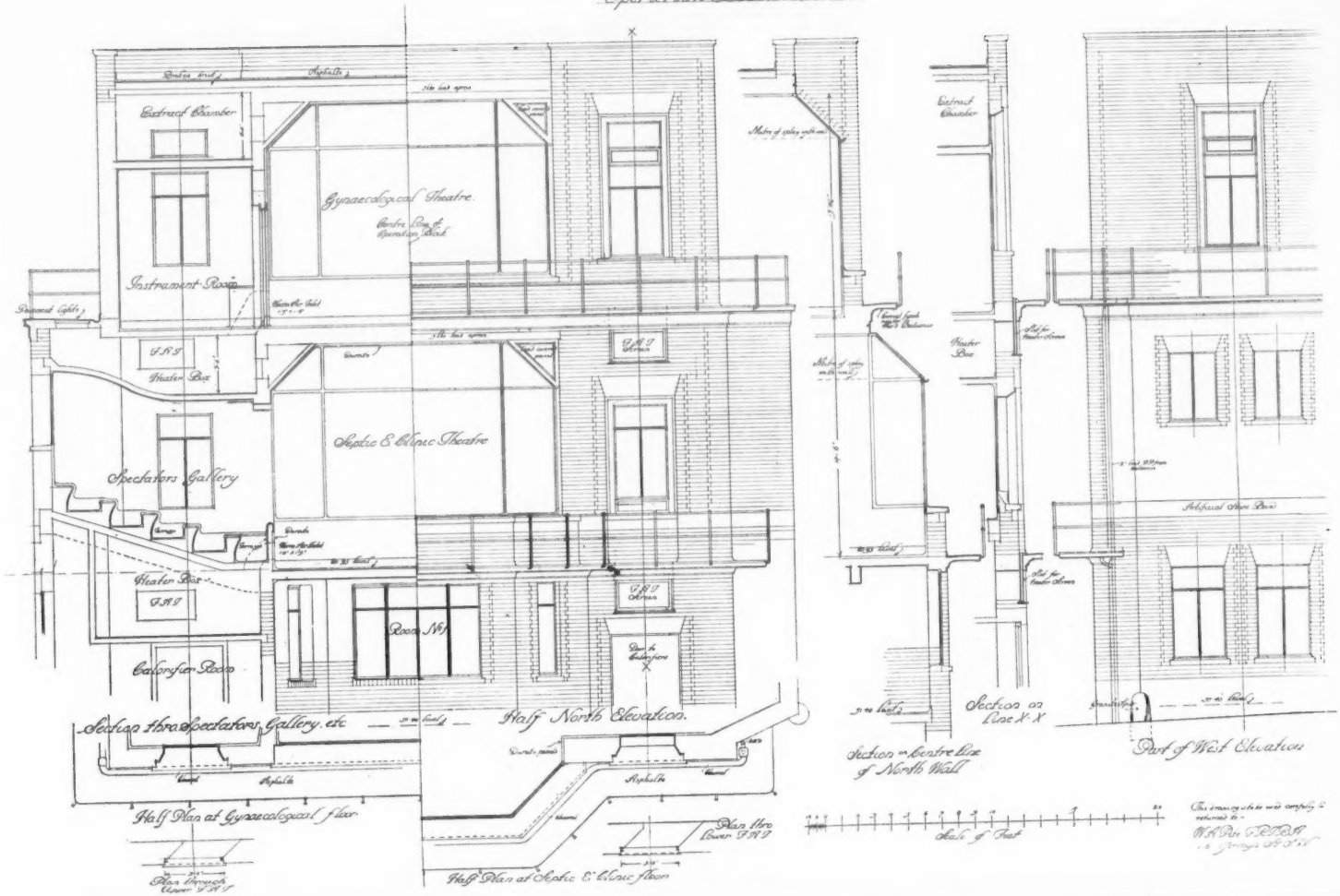
The Operating Theatre Blocks, two in number, are placed on the north side of the main corridor, equally convenient in access from the wards and the Administration. Between the blocks is a staircase and bed-lift, intended solely for use in connection with this department. The Theatre Blocks themselves are separated from the main corridor, the larger one being reached by two bridges and the smaller by a single bridge. They each contain two operating floors and a basement floor. The larger or eastern one contains two General Theatres, and the smaller one a Gynæcological Theatre on the first floor and a General Theatre on the ground floor (ward floor levels). The privacy of the Theatre Blocks as regards their position has been before alluded to, whilst at the same time there is no building near enough to overlook or to interfere with the lighting.



Drawings of Large Operation Block.

Drawing No 18

Half Inch Scale Details of Operation Block No 2

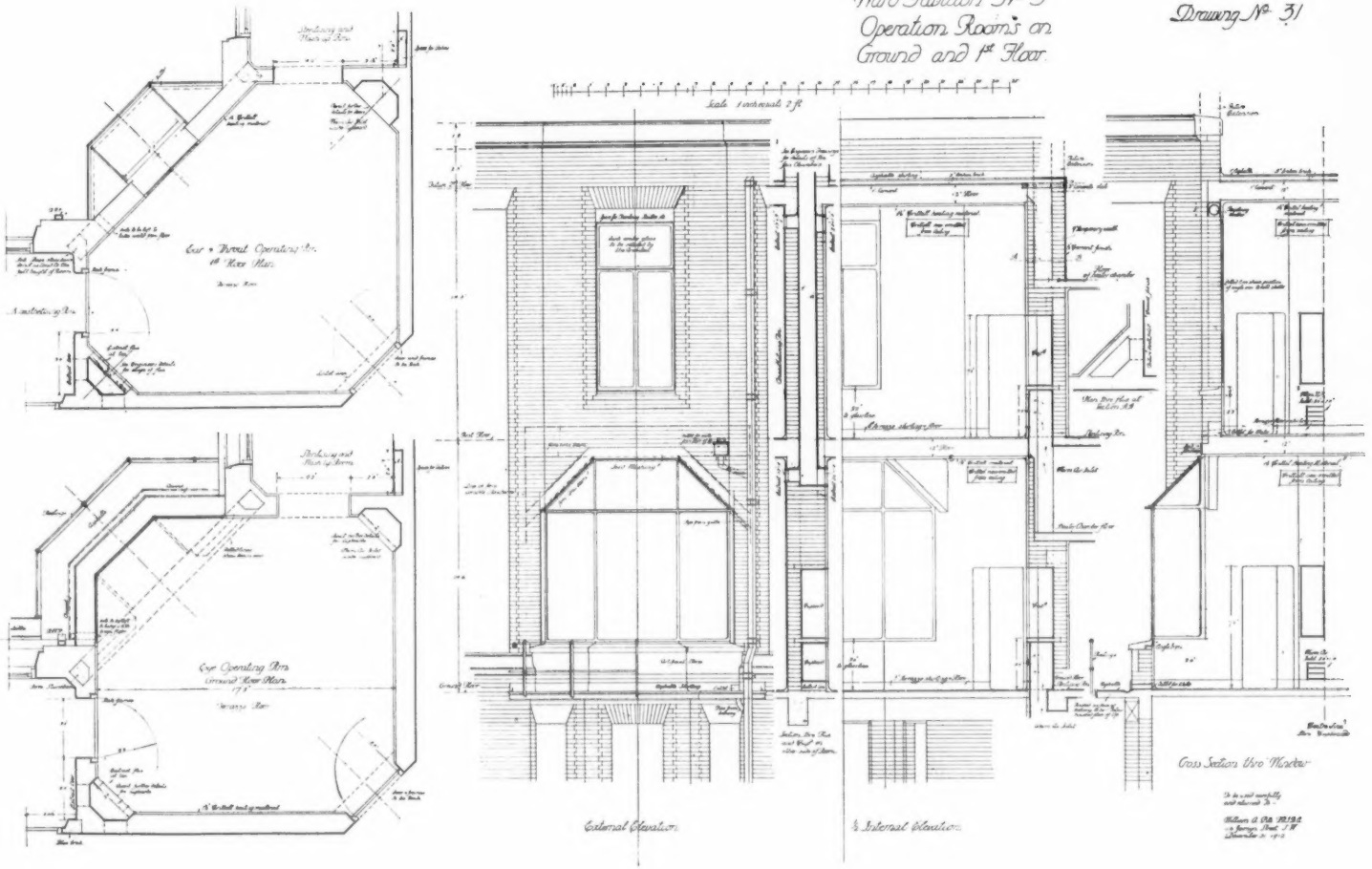


Plan through Upper Part of

Half Plan at Septic & Clean floor

Ward Pavilion No 9 Operation Rooms on Ground and 1st Floor

Drawing No 31



The Plan [p. 263] shows better than any description the internal arrangement of these departments. In the large Theatre Block there is a Surgeon's Room, with a small bathroom opening off it, fitted with a shower bath and lavatory basin. The Operating Theatre itself is reached through an Anæsthetising Room, and the patient is removed through a Recovery Room. It is interesting to note, however, that in practice the patient is generally conveyed straight back to the ward to recover from the operation in bed, so avoiding a second moving. The Wash and Sterilising Room is reached through a Dressers' Room, and is only separated from the theatre by a wide opening, no doors being fitted. The Spectators' Gallery is separated from the floor of the theatre by a low barrier, and is reached from a separate entrance.

It is, perhaps, in an Operating Theatre that the extreme requirements of hospital finishing receive the fullest attention. In the Operating Room itself the finish allows of absolute cleanliness. The floor and gallery seating are of terrazzo, and the walls and ceiling finished in enamel paint. The windows are flush, and the doors are of flush hardwood with metal frames. No pipes or radiators are visible. The heating of the block is twofold. The Wash Room, Operating Room, and Gallery have inlets from a heater box from the basement, and the air before passing through this is filtered through screens. Extracts in the ceiling connect up with a duct, and a fan over the bridge pulls the air from this. The duct is also connected with the other rooms in the block, but these rooms are warmed by radiators. In the three above enumerated rooms, most intimately connected with the operation, which perhaps may be more properly considered as one room, a system of panel heating is installed. A series of pipes, through which flows a circulation of hot water, are fixed to the walls and ceilings and embedded in Durato. Calorifiers in the basement convert this hot water from the steam main, and a series of valves contained in a glazed cupboard provide means of regulating the heating. All internal and salient angles are, of course, well rounded, and the whole theatre can be hosed down if required.

The sanitary fittings—sinks and basins—in the Washroom are of a special type, which have been evolved as being considered more suitable for theatre use than the special fittings used elsewhere throughout the hospital. A description of these will be found in the section dealing with the sanitary fittings in detail. To these fittings elbow operated sprays with mixing boxes are installed. Glass shelves and porcelain slabs are fixed with the utmost regard to cleanliness, and a series of sterilisers and a metal-framed instrument cupboard, recessed in the wall, complete the main equipment of the room. The artificial lighting is supplied from wall brackets, and a large adjustable lamp can be swung in any position over the patient.

The large metal windows, with splayed sides and top, are flush inside, and give an ample and steady illumination. The lower portion of the glass is obscured. The framing has been so arranged that double glazing can be installed should there be any trouble from condensation arising from the radiation attendant upon such a large sheet of glass.

In each block the upper theatre is slightly smaller than the lower one, thereby providing a top lit portion of window to the lower theatres. A gallery runs round the outside of the building on each floor, providing access for cleaning the windows and fresh air screens.

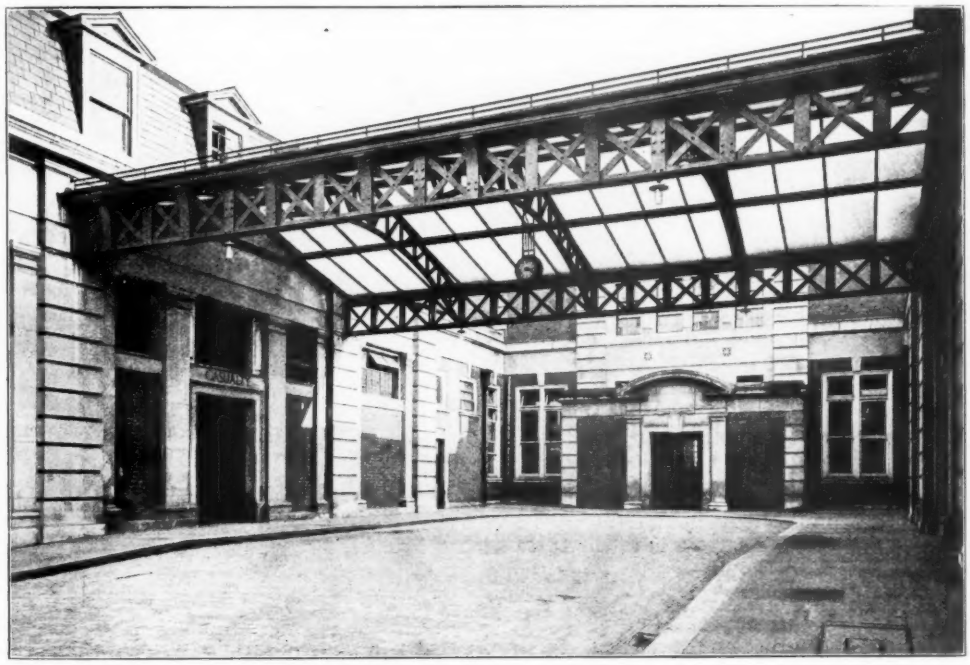
In the basement, besides the engineering fittings above enumerated, is, in the large block, accommodation for the theatre sister, with rooms for dressings, etc. Provision is also made for an Instrument Workshop. The so-called basement is really all above the ground level, but the nomenclature of the floors in the Ward Blocks is followed in the case of the Theatre Blocks. The theatres in the special Ward Block are finished in a similar manner, the panel system of heating being again used.

The Ophthalmic Theatre has a bed-space under the window so that the head of the patient can be brought immediately under the light. The Throat and Ear Theatre and accessory rooms above are glazed with deep amber glass, a requirement of the specialist in charge of this department. Both these theatres are provided with flexible wood lath outside blinds, which are light-tight. These are operated from the inside.

OUT-PATIENTS' DEPARTMENT.

The Out-patients' Department, conveniently situated close to the trams and main traffic route, is to a great extent isolated from the rest of the building. It is designed to cope with a large number of patients, and it was of vital importance that these should not interfere with the working of the rest of the hospital.

The nucleus of the plan is the large waiting hall (93 feet by 42 feet). On either side of this, separated from it by top-lit corridors, range the various departments with their consulting rooms. There are also consulting rooms at one end of the hall, accessible from the corridors, and beyond these is a third corridor, linking up the other two, and joining them to the Dispensary. Thus the patients pass from the waiting hall to the consulting rooms, progressing thence to the Almoner and Dispensary, and by a short exit corridor leave the building without having retraced their steps. By this means a steady stream of patients is maintained in one direction only, and confusion and congestion are avoided.



Out-patients' Entrances (Courtyard No. 1).

The position of the entrance courtyard has been described. The main entrances to this department are two in number, under the glass shelter roof. They are for men and women, and have lavatory accommodation in immediate proximity. The patients then pass into an entrance lobby in which are registration offices, leading directly into the waiting hall where the patients' seats are arranged in series opposite the several doors to the various departments. A small buffet, in the centre of the hall, provides refreshment for the waiting patients, further lavatory accommodation being placed at the west end. The hall itself is lined with buff terra-cotta, the floor and cove skirting being asphalt. It is lighted by large lunettes at the ends and at the sides in the segmental ceiling. An extract trunk with fan is contained in the roof, and fresh air is brought in to the radiators through regulating inlets from an air duct below. The corridors prevent direct perflation of air between the crowded hall and the consulting rooms.

On the north side are the surgical consulting rooms and the Ophthalmic Department, each with an operating theatre contained in the end turrets. The finishing of these theatres is not so elaborately simple as that of the principal theatres, being used only for minor operations. The Ophthalmoscope Room can be darkened at will, and the walls and partitions of the examination cubicles are finished in black cement in such a manner that they can be used as blackboards for making diagrammatic notes of the case under observation. The cubicles are planned so that the lamp in the opposite cubicle does not incommode the patient.

On the south side of the hall are the Children's, Medical, and Throat and Ear Departments. The former has a separate entrance from the outside leading to a room set apart for whooping-cough cases. The Throat and Ear Department has its own operating theatre and a recovery room, which in this case is much used. The patients, after their operation, are carried on short-legged stretchers and left in this room to recover from the effects of the operation. The room is provided with a range of sinks supplied with cold water and placed at a level most convenient to the patients on the stretchers. There is also a teaching room, with an inlaid Durato scale in the floor, used for aural testing purposes. The windows of the large consulting room and the theatre are glazed with yellow glass. The Gynæcological Department is between the hall and the end corridor, the examination room being divided into three compartments and well provided with changing boxes, so arranged that patients come and go without confusion.

The various departments are subdivided to meet the special requirements, the consulting rooms generally being divided up by partitions forming examination rooms or cubicles and dressing boxes. The requirements of the Ear and Throat Department are met by open examination stalls placed around the walls of a large hall.

The floors of the consulting rooms are of Durato, and the rooms are amply warmed by radiators, where placed on inside walls fresh air being brought to these through the ducts. Extract air trunks formed of concrete on the flat roofs, connected with fan houses, ensure adequate circulation in the system of ventilation. On the south side, on the first floor level, with a staircase at either end, are placed the Dental Department, the exit staircase communicating direct with the dispensary hall, and Almoner's Department, thus bringing the patients from the department into the regular flow before described.

New patients have to interview the almoner, whose department is parallel to the Dispensary and communicates with the waiting hall of that department. This waiting hall has an arrangement of seating which distributes the patients to the three serving hatches, and permits the regular progression towards the exit without overcrowding and confusion.

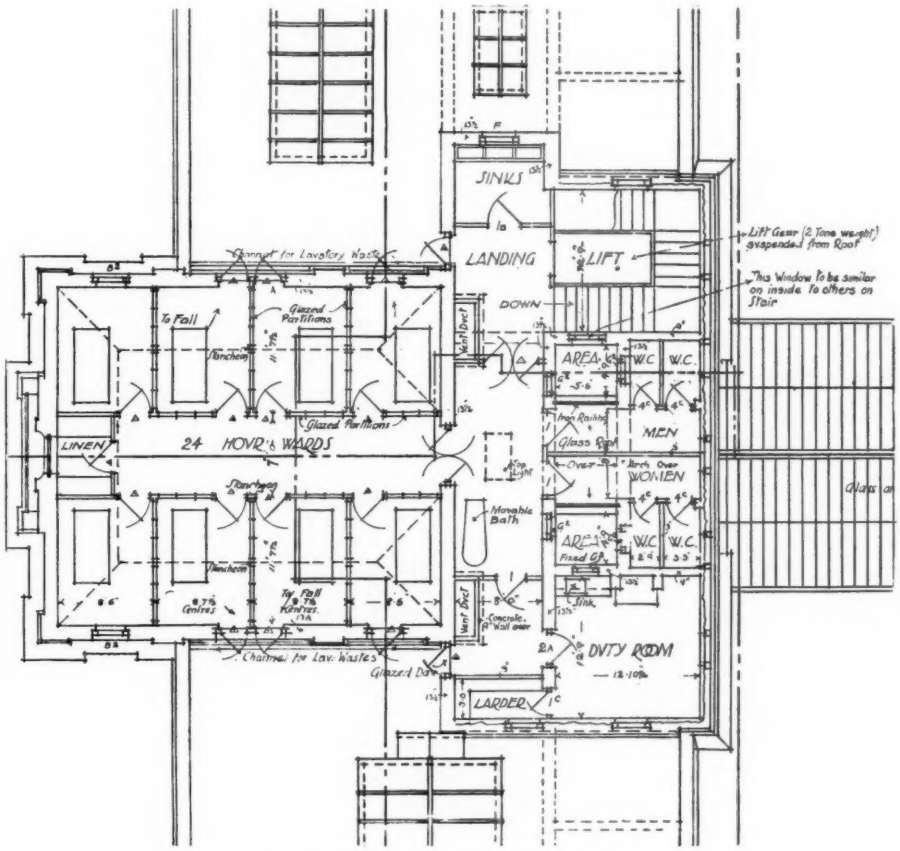
Dispensary.

The Dispensary Block links up the Out-patients' Department with the main hospital corridor, thus serving both in and out-patients with equal facility. The latter, of course, do not penetrate this department further than the waiting hall. The large dispensing room serves this hall through the three hatches before mentioned, and enables two dispensers, working at each hatch, to cope with a large number of prescriptions with the minimum delay. On the other side of this room is another hatch, where medicines, etc., required for the wards are served out to members of the staff. Beyond this room are a teaching room and the dispensers' office and quarters. A staircase and hand-power lift communicate with the extensive dispensary stores below in a well-lit basement. Here there is also a laboratory, soda-water plant, etc. These stores open on to the courtyard between this block and the Administration before described as the main goods entrance and delivery yard of the hospital.

Casualty.

The Casualty Block, placed at the corner of Bessemer Road and Denmark Hill, has its entrance opposite those of the Out-patients' Department, and from the same courtyard, connected with them by

a glass shelter roof. On either side of the entrance vestibule are w.c.'s for men and women. Beyond this vestibule is the Casualty Waiting Hall (34 feet by 30 feet), finished in the same manner as the out-patients' waiting hall. A porter's office commands the entrance to this department and also the waiting hall. On either side of the central waiting hall are the medical and surgical consulting rooms, divided into five and four examination cubicles respectively. A separate entrance is provided for ambulances, and in the case of severe casualties the patient can be attended to in an accident bay, without being brought into contact with the work of the consulting rooms. Two isolated rooms, with



Plan of Observation Wards in Out-patient Department.

entrances from the courtyard, a padded room, nurses' room and medical officer's room, provided with separate lavatory accommodation, complete this department.

In proximity to the entrance a staircase with bed-lift communicates with the observation or 24-hour ward, placed over the casualty waiting hall. This unit, complete with ward, kitchen and larder, sinkroom and lavatories, is intended for the nursing of doubtful cases before their eventual disposition and character are decided upon.

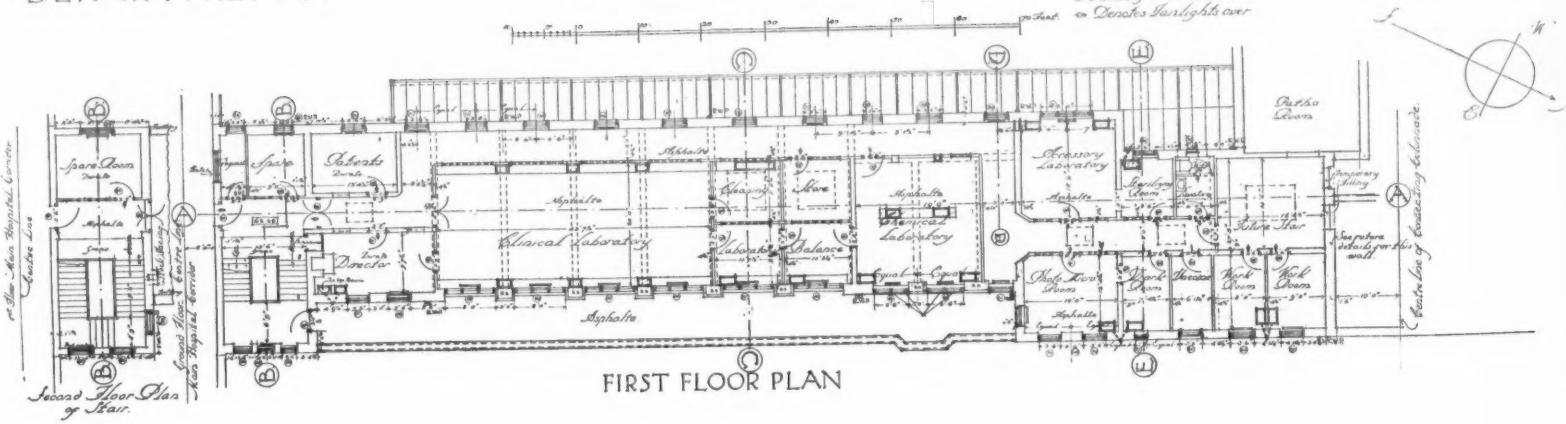
Eight cubicles (approximately 12 feet by 8 feet) are disposed on either side of a low corridor, with doors to the corridor and to the flats outside. The dividing partitions are glazed to within 4 feet of the floor, enabling the cubicles to be nursed from either side, and at the same time providing observation

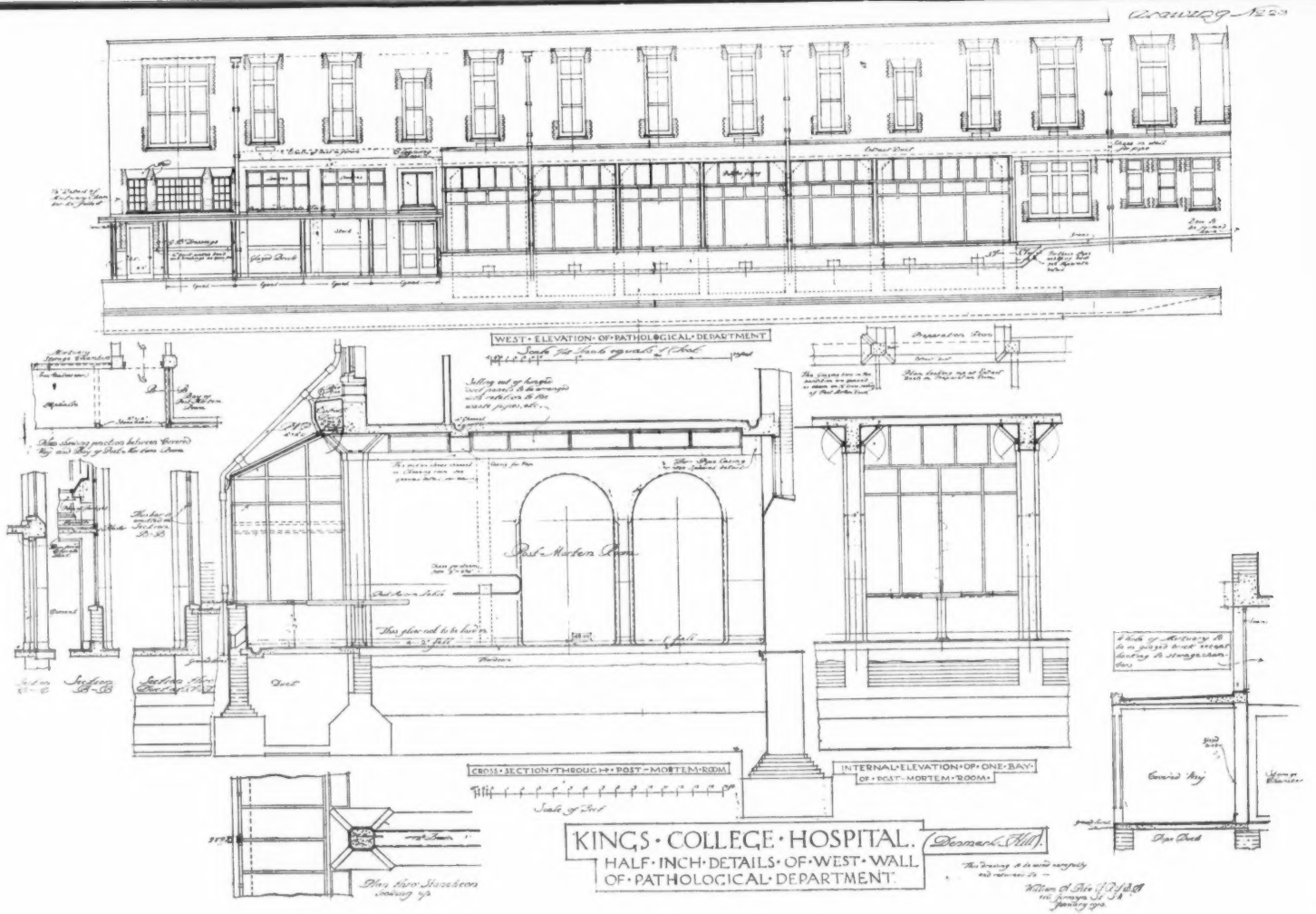
PATHOLOGICAL DEPARTMENT.

NOTES

For all reinforced concrete work, Heatings Drainage see seperate drawings Dimensions in Doorways are with of doors themselves & Deaches Fanlights over

DRAWING No 1.
CONTRACT No 19.


Spare Room
Asphalte
Stone
Sculptors
Director
Clinical Laboratory
Asphalte
Chemical Laboratory
Asphalte
Pathological Laboratory
Asphalte
Balance
Asphalte
Stove
Asphalte
Pathological Laboratory
Asphalte
Asphalte
Asphalte
Pathological Laboratory
Asphalte
Asphalte
Asphalte


WEST · ELEVATION · OF · PATHOLOGICAL · DEPARTMENT
Post-Mortem Room
CROSS · SECTION · THROUGH · POST-MORTEM · ROOM
INTERNAL · ELEVATION · OF · ONE · BAY · OF · POST-MORTEM · ROOM
KINGS · COLLEGE · HOSPITAL.
HALF · INCH · DETAILS · OF · WEST · WALL · OF · PATHOLOGICAL · DEPARTMENT.

and control of the whole unit. The cubicles have clerestory lights over the corridor, and a baffle prevents the perflation of air. Emergency access to the main corridor is obtained through the Electrical Department, the latter being reached by way of the flat roof. Under the sloping way to the accident entrance a shelter for perambulators has been formed for those using the Out-patients' and Casualty Departments.

Bathing and Massage—Electrical Department.

The Bathing and Massage Establishment and the Electrical Department are placed in a block connecting the Out-patients' and Casualty Departments with the main Hospital corridor, the Electrical Department being placed on the first floor and the Bathing and Massage on the ground floor. The entrance to these is placed at the south end of the patients' entrance courtyard, directly opposite the porter's lodge. A vestibule connects this entrance with a corridor joining the Out-patients' and Casualty Departments, and from this another corridor links up with the main Hospital corridor, where a staircase and bed-lift provide access to the upper floors. This entrance is for in-patients and their friends, and the department contains various rooms for massage and medical baths.

The Electrical Department is reached from a stair with lift in the Out-patients' Department, and communicates with the main corridor in a similar manner to the Bathing Establishment. In it are installed a large room for electrical treatment, a radiograph room with attendant dark rooms, and a large Gymnasium for various exercises. This department is planned to be accessible with equal facility for both In-patients and Out-patients.

PATHOLOGICAL BLOCK.

The Pathological Block and Medical School may be considered in detail together. To a certain extent they are inter-communicating, and on plan and in operation they are intimately associated. The Pathological and Post-mortem Block is entered from the main Hospital corridor on both floors. The ground floor is devoted to post-mortem and mortuary purposes, and the first floor to pathological laboratories, &c. On the ground floor, arranged in suite, are a large Post-mortem Room, containing three tables, with provision for additional ones in the future, a Class room and a Preparation Room. A large projecting range of metal-framed windows with top light, glazed with obscured light, runs the whole length of these three rooms on the west side, which, together with the clerestory lights over the mortuary corridor, gives ample and steady illumination. The tables are of an excellent pattern, revolving on ball bearings, and are well drained, the sinks, basins and other fittings being arranged along the walls. The floor is of terrazzo. The corridor above alluded to as the mortuary corridor is a low sloping passage leading to the mortuary, small chapel and friends' waiting room. It provides the means of communication to these departments from the main corridors, and is quite dissociated from the Operative Post-mortem Rooms. The Mortuary contains three storage chambers for bodies, which are kept at a low temperature by means of cooled brine pipes circulating from the central station. This Mortuary communicates directly with the P.-M. Room on the one side and the Mortuary Chapel on the other. Friends enter this chapel from an adjoining waiting-room. The chapel is finished in a simple decorative manner, with a mosaic floor and coffered ceiling. The painted decoration to the walls has been carried out by Mr. McDonald Gill.

The Pathological Department on the first floor contains clinical and chemical laboratories, with subsidiary laboratories for research work. There are also Cleaning, Sterilising and Balance Rooms, Works Rooms, Photo-micro and Dark Rooms.

(*To be continued.*)

ARCHITECTURAL TRANSFORMATION.

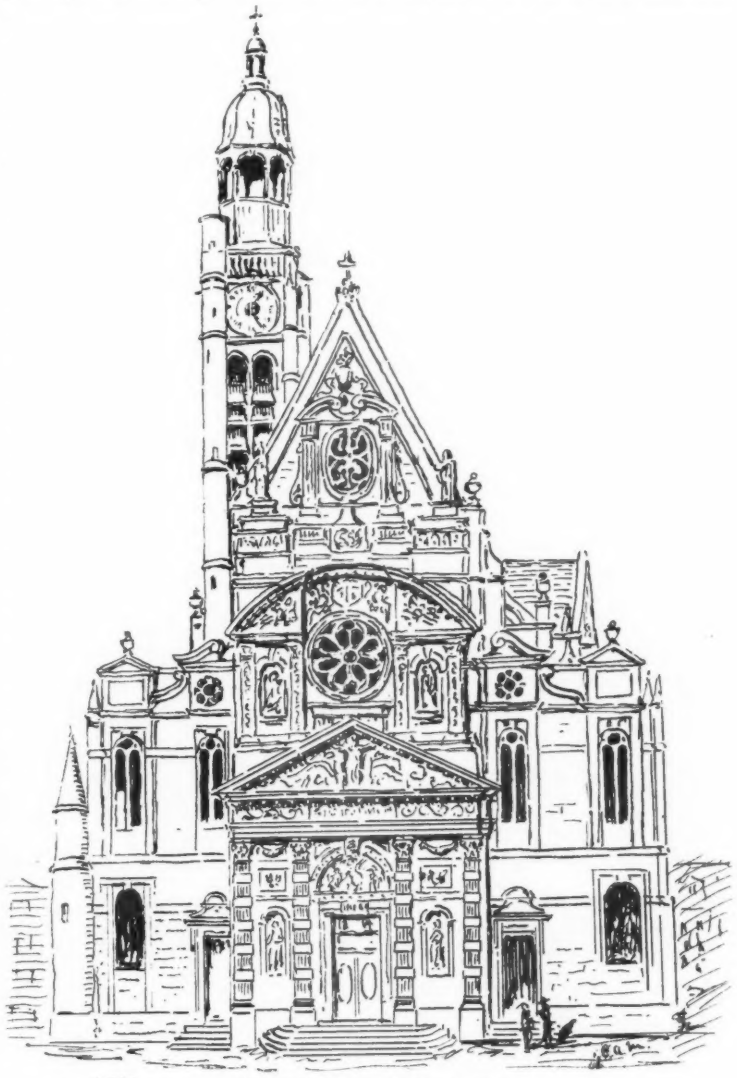
By E. Arden Minty [*F.*].

THE effect of the Renaissance on English architecture, more especially in its earlier days, was not so much a sudden breaking away from existing forms and established traditions, as an attempt to adapt them to the new taste or fashion; that is, some endeavour was made to reduce Gothic mouldings to the Classical rule. This is particularly noticeable in the case of string-mouldings, cornices, etc., of the later sixteenth and earlier seventeenth-century work, though more strongly marked in the latter period.

The object of this article is to draw attention to some of the results attained by this transformation process where it has been partially or wholly carried out. A few years ago there was a clever drawing, by Mr. H. H. Statham, published in *The Builder*, of the west front of Peterborough Cathedral, interpreted in the terms of Roman architecture, which gives a fair idea of what would have been the result had not a check occurred to the fashion.

What has been termed "the debased style of English architecture" seems to be only the logical outcome of a desire to get rid of the confused and superabundant ornament of the later Perpendicular or, in France, the Flamboyant style, so as to prepare a way for the substitution of more Classical details, and, in marked contrast to the restlessness of later Gothic ornament, where in some cases scarcely a square foot of wall surface remains unoccupied by panelling, niches, etc., to provide plain surfaces of masonry, confining the ornament to cornices, string-courses, and surroundings of windows, doorways, or other architectural features.

At first there appears to have been no attempt to alter the general plan or arrangement of the accepted type of building, be it ecclesiastical or domestic. Thus we find the earlier Elizabethan houses retaining the old plan with but little change, but approaching in detail more nearly to what was at that time considered Classic or Roman work. This is particularly noticeable in the doorways and internal fittings generally, and we find chimneypieces designed entirely with Renaissance details, but the stone opening still retaining the flat-pointed arch of the previous period.



L'église St. Etienne-du-Mont, Paris.

N N

One result of this custom was, that when any part of a building became decayed and required renewing, the practice seems to have been to rebuild the decayed portion in the new, or Classical, style, regardless of its incongruity with its surroundings. In this, however, the builders were only following the precedent set by their Gothic forerunners, who, whenever they had occasion to repair or rebuild a portion of an existing building, invariably did so in the style prevailing at the period, equally regardless of the work of former generations.

Not content, however, with confining their practice of the new-found style to necessary repairs and alterations, there was a longing to convert the whole of the existing building, be it cathedral, chapel, or dwelling-house, to the prevailing taste. Thus we find many churches in which the attempt has been made by cutting away the projecting mouldings, buttresses, etc., and substituting Classical entablatures, pilasters, etc. The tracery was cut out of the windows, and plain circular-headed openings took their place. The open-timbered roofs were lathed and ceiled, Gothic carved stone, and wood, screens removed, and replaced by marble arcades, largely founded on the remains of Roman triumphal arches.

North Side of Church, Le Grand Andely.

Although attempts were made in many places in England to carry out this transformation of a Gothic into a Renaissance church, there are not many cases in which it has been done on anything like the scale which has obtained in France, for example, excepting in the case of entirely rebuilding.

The Church of St. Étienne-du-Mont, at Paris, affords an example of a fairly complete transformation, especially as regards the west front, where, while retaining the outline of the former façade, scarcely a detail remains of the original work. In this case, however, the Gothic spirit still seems to pervade the whole conception, and no one can look at it without feeling convinced that it is only a Renaissance veneer over a Gothic skeleton. In contrast to this, I will call attention to Inigo Jones's west front of old St. Paul's Cathedral, from which every trace of Gothic feeling has disappeared.

The Church of Notre-Dame, at Le Grand Andely, Normandy, is a very striking and useful example of this transformation, the whole of the north side having been transformed. The buttresses become attached columns; the pinnacles, urns, the pointed arches of the windows, doors, etc., semicircular. Inside this aisle, at the entrance to the transept, finding it inconvenient to make the pointed arches circular, they have been converted into elliptical openings, and suggest the outline of an egg with the smaller end uppermost, which has a very unpleasant effect.

The south side of this church remains in its former condition, the transformers, fortunately, from lack of funds or some other cause, not having been able to treat it in a similar manner to the north side. This is a particular cause for satisfaction, as by comparing the two one gets a good idea of the method pursued by the architect. As will be seen by referring to the two sketches, all the main lines and divisions in the Gothic elevation, both vertical and horizontal, are retained in the Renaissance front, and yet the horizontal lines seem to predominate in the north, and vertical lines in the south façade.*

* These sketches do not pretend to any great accuracy of detail, but are sufficient to give an idea of the general appearance of the buildings.

I may express an opinion here that it is very fortunate that during the height of the Gothic revival no attempt was made to restore the north side of this church to its former condition, though in this case it could have been done with almost absolute accuracy by simply copying the south side. A case where perhaps such a restoration might be desirable is in the choir of Chartres Cathedral, where the mouldings of the arches have been obliterated, and a flat soffit substituted, ornamented with square coffers; added to this the columns have been painted to imitate marble; the whole thing having no merit in itself, and greatly marring the general beauty of this, one of the finest Gothic cathedrals in the world.

The Romanesque, or, as we generally call them, the Norman churches, do not appear to have been experimented upon to the same extent. This is no doubt partly owing to the fact that they already possessed round-headed openings, and the buttresses in most cases are little more than pilasters, in consequence appearing more like their Roman prototypes than the later pointed architecture. The towers of the Abbaye-aux-Dames at Caen, however, have wonderful parapets of open work, supported by consoles, which were added during the period I am discussing. Perhaps one of the finest examples of this Renaissance work, following the general lines of later Gothic, is the apsidal end of the Church of St. Pierre, at Caen. The groining of the chapels, with elaborate pendants, has an exceedingly rich effect.

A fairly complete attempt was being made by Inigo Jones, before the Fire, to transform St. Paul's Cathedral, London. He had built a Renaissance exterior to the west front, transepts, nave, and aisles, and added a Corinthian portico. The result, to judge by the contemporary drawings we possess, was far from satisfactory, and it is, I think, a mercy that the whole building was destroyed in the Great Fire. Sir Christopher Wren would certainly have continued the work of transformation, and we would now be in possession of a Gothic cathedral, deprived of nearly all its charming characteristics, and clothed in a shell of somewhat uninteresting Classic details, instead of, perhaps, the finest Renaissance church in the world.

It is interesting to observe how intensely Wren detested anything resembling what he called "the crinkle-crankle Gothic." At St. Clement Danes, in the Strand, finding, we presume, that the existing Gothic tower was stable, he did not pull it down when he rebuilt the body of the church in 1682-4, but he clothed it in a Renaissance shell, converting the buttresses into pilasters resembling attached obelisks. Still, in this case he has not altogether destroyed the Gothic feeling, as it is fairly obvious to a casual observer that there is something Gothic about the general style of the lower stages of the tower. The spire and upper stages were added by Gibbs at a later date.

On examining the western towers at Westminster Abbey, we cannot help the conviction that the architect had a task with which he was clean out of sympathy. Little attempt seems to have been made to transform the Abbey in accordance with the prevailing taste, and he appears to have done his best to design in what he thought was the Gothic style; but even here he could not offend what was

South Side of Church, Le Grand Andely.

considered the canons of good taste, so far as to copy the surrounding Gothic mouldings and details, but substituted Classic mouldings, broken pediments, and floral festoons. The result is highly unsatisfactory, and it has always been a marvel to me that the upper stages of these two towers were not pulled down during the height of the Gothic revival, and modern Gothic towers erected in their place, and (I am almost afraid to say it at the present time) I am not at all sure that it would have been an undesirable event.

These towers have been so often erroneously attributed to Wren, that it may be worth while to recall the fact that he was appointed Surveyor to the Abbey in 1697, and died 23rd February 1723. Ralf, in *New View of London*, said: "About 12 years after Wren's

Inigo Jones's West Front, Old St. Paul's.

death there is a rumour that the Dean and Chapter still design to raise the towers." E. Beresford Chancellor, in *Lives of the Architects*, writes: "On the death of Wren, Hawksmoor succeeded him as Surveyor of Westminster Abbey, and it was from his first design that the two western towers were completed, probably by John James." The work seems to have been done about 1740-2. Hawksmoor died in 1736, so everything points to the probability of their having been carried out by John James, and possibly from his own designs. At any rate, it seems evident that they were not Sir Christopher Wren's. John James was the architect of St. George's, Hanover Square.

A final stop was put to this craze for converting Gothic into Classic edifices, by the Gothic revival, which may be said to have taken birth from the stucco Gothic castle erected at Strawberry Hill by Horace Walpole.

Although it is now the fashion to cry down the Gothic revival, I am convinced that we owe the preservation of a great part of our mediæval architecture to this movement. Had it not taken place, one trembles to picture what by this time would have been the result, had the transformation process with our churches been allowed to continue unchecked. Though the architects of the earlier days of the Gothic revival undoubtedly did destroy much valuable work, I believe they stopped a still greater destruction. However, Classic and Gothic revivals (using the terms in the sense in which they are generally understood) are now dead, let us hope never to have another resurrection. Under new conditions, and having, I trust, got rid of the habit of labelling our efforts as "styles," we may look forward to better results, though there are signs which seem to threaten the revival of yet another "style," I am sorry to say, for our ecclesiastical buildings; I allude to that called Byzantine, for which the new Roman Catholic cathedral at Westminster must be held largely responsible.

Church of St Clement Danes, Strand, W.C.

9 CONDUIT STREET, LONDON, W., *3rd April* 1915.

CHRONICLE.

R.I.B.A. Record of Honour: Eighth List.

Killed in Action.

DOWSETT, THOMAS WILLIAM: Sergeant Hon. Artillery Company—killed in the trenches between Ypres and La Bassée, 30th January.

Mr. Dowsett, who was twenty-three years of age, had only recently been admitted Student of the R.I.B.A. Having produced the evidence required by the Board of Architectural Education as to his education and training, he was exempted from the Preliminary and Intermediate Examination, and was registered as Student R.I.B.A. last June. He had passed through the Architectural Association four years' course, and had studied at the Atelier. He was assistant in the office of Mr. Leonard Stokes.

On War Service.

Subjoined is the Eighth List of Fellows, Associates, Licentiates, and Students R.I.B.A. now on service in connection with the War, bringing the total up to 480, consisting of 34 Fellows, 223 Associates, 93 Licentiates and 133 Students.

FELLOW.

Lines, Roland W.: Lieut. 49th Infantry Regt. (Canada).

ASSOCIATES.

Crane, Lionel F.: 2nd Lieut. 2/5 Reserve Bn., R. W. Surrey Regt.
Dalgleish, Kenneth: 2nd Lieut., 4th Leicester Regt.
Ferrier, J. S.: 2nd Lieut., 10th Northumberland Fusiliers.
Hobson, J. Reginald.
Lodge, T. A.: 2nd Lieut., 24th Bn. County of London.
Lovell, Percy: Artists' Rifles.
Meadows, S. Douglas: Lieut., 8th Royal Sussex.
Searle, Norman: Sub-Lieut., Royal Motor Boat Reserve.
Stanton, Stephen J. B.: 3rd Bn. 28th London (Artists').

LICENTIATES.

Carswell, Ronald: 2nd Lieut., 11th Royal Highlanders.
Coleridge, J. D.: R.N.V.R.
Robertson, J. D.: Sapper, 2nd London Div. R.E.

STUDENTS.

Coleridge, P. H.: O.T.C.
Filkins, Edwin W.: R.A.M.C.
Garner, P. T.: R.A.M.C.
Jones, W. G.: 2nd Bn. Queen's Westminster Rifles.
Penderel-Brodhurst, B. R.: 13th County of London Regt.

Mr. W. Howe-Greene [*F.*], of St. John's, Newfoundland, writes under date 10th February:—

I was much interested in the last issue of the JOURNAL just received to see the lists of Members and Students of the R.I.B.A. who are now giving their services to the "dear Home-land" in her time of stress. As an old Liverpool Volunteer and marksman, I too have been Chairman of our Musketry Committee out here, since the War began, for the training of our Newfoundland Contingents, besides attending regularly as a Musketry Instructor on the ranges—and the weather has been zero lately! As the only representative of the R.I.B.A. in England's oldest and most loyal Colony, it may be of interest to you to know that in the "outposts of Empire" we are trying to do "our bit."

Mr. Pite's Paper on King's College Hospital.

Mr. W. A. Pite's Paper on King's College Hospital, read at the Institute on 29th March, attracted a good audience considering the times, non-member visitors being exceptionally numerous. The Council had entertained at dinner that evening some of the members of the Hospital Building Committee, including Professor the Rev. Arthur C. Headlam, D.D., formerly Principal of King's College; the Hon. R. C. Parsons, member of the College Council; Dr. John Frederick Silk, Convener of the Hospital Watching Committee; Mr. E. L. Levett, K.C., and Captain A. C. Tunnard, Secretary of the Hospital. These gentlemen were afterwards present at the meeting and spoke in the discussion. Mr. Pite, owing to the length of the Paper, did not attempt to read it, but contented himself with a description of the building, its site, plan and general arrangements, details of construction, fittings, &c., his remarks being illustrated by a lantern display of nearly one hundred drawings and photographs. A part only of the Paper is published in the present issue; the rest, with the discussion, will appear in the next. Dr. Headlam, in the course of his interesting remarks, emphasised the importance of every department being consulted before the plans of any important public building were decided upon. The Building Committee of King's College Hospital, he said, had taken the greatest care in this regard, with the result that the architect had the considered opinion of the Medical Staff on every material point. Dr. Headlam mentioned that an American expert on hospital construction, after going the round of the building, had paid them the compliment of saying that he had found 50 per cent. more foresight in this Hospital than in any other that he had seen. Dr. Silk expressed appreciation and gratitude for the very excellent building Mr. Pite had put up for them. King's College Hospital, he said, would be for many years to come a classic example of hospital construction, so that any other architect who undertook to build a hospital would first have to consider very carefully the design and arrangement of King's College Hospital.

Tribute to the late Walter Crane.

At the opening of the proceedings at the General Meeting last Monday Mr. E. Guy Dawber, *Hon. Secretary*, addressed the Meeting as follows:—

It is my sad duty to make the formal announcement to the Institute of the death of our dear friend and Honorary Associate, Mr. Walter Crane. He was elected to our body only three years ago, but he was

previously no stranger in these rooms; his presence could always be counted upon when the subject of art and its applications was in question. The story of his long and distinguished career as a decorative artist, designer, book illustrator, writer, and lecturer on the applied arts has been so recently told that I need not dwell upon it now. He was an artist of great individuality and far-reaching influence, holding a high place in the estimation of artists and of the art-loving public not only in this country, but on the Continent and in America. One of his greatest services to art was the foundation twenty-seven years ago of the Arts and Crafts Exhibitions Society, of which he was for so many years the esteemed President.

On the motion of Mr. Dawber the Meeting passed the following Resolution:—

That the Royal Institute of British Architects desires to express its sorrowful regret at the decease of its distinguished Honorary Associate, Walter Crane, and to place on record its high estimate of his artistic achievements, and its appreciation of his labours for the advancement of art-craftsmanship: it is also Resolved that a message of the Institute's sympathy and condolence be conveyed to his son, Mr. Lionel Francis Crane, *Licentiate*, and the other members of the family.

Mr. Richard Glazier [*A.*], of Manchester, writes:

By the death of Mr. Walter Crane the Institute has suffered the loss of one who, during a strenuous and comparatively long life, consistently advocated the claims of architecture and the associated arts.

Mr. Crane's remarkable literary and artistic gifts, his fertility of invention and imaginative qualities of design, his catholicity of view, his sincerity of aim and love of the beautiful, and his active interest in educational matters, have made his name familiar throughout Europe.

It was my privilege to be associated with Walter Crane during the years 1893-4-8, and I can bear tribute to his delightful and stimulating companionship, his advocacy of architecture as the basis of the arts, his high ideals of the true function and interest of fine craftsmanship, and his unremitting efforts to quicken the artistic instinct of the student to an appreciation of the beauty and significance of living things and their relation to human life and effort.

In the *Times* of the 25th March appeared the following letter addressed to the Editor, among the signatories being the President R.I.B.A., the President R.W.S., the Master of the Art-Workers' Guild, and the Slade Professors of Fine Arts at Oxford and Cambridge.

24th March 1915.

Sir,—On Friday morning last Mr. Walter Crane's funeral took place at Golder's Green. A representative gathering of his brother artists was assembled there to pay him their last tribute of admiring and affectionate regard. From that original and singularly versatile brain there is for us, alas! no more work to come. But Crane will not be forgotten. When, by-and-by, the history of English art during the past forty years comes to be written in that critical record his name will stand out prominently; as already for many a day it has so stood in the estimation of artists generally, and the art-loving public abroad. But at the moment, in the generation that knew Walter Crane personally, there are, we feel sure, many who would recognise it as most becoming that, if possible, his ashes should be finally laid to rest beneath the roof of St. Paul's, or, at least, that space for some memorial of him should be there found, where the names of not a few of our representative artists are reverently recorded. It is because in this matter we have good reason to believe that we are giving expression not merely to our own sentiment, but to that of a large number of art-workers and of the public generally, that we should be grateful if you could find space within your columns for the insertion of this brief letter.

We are, Sir, your obedient servants,

Edward S. Prior.
Alfred Parsons.
Ernest Newton.
H. R. Hope-Pinker.
Selwyn Image.

English Church Monuments.

Sir Charles Nicholson, Bart. [*F.*], writes with reference to Mr. Williams's Paper on English Church Monuments published in the last issue:—

There is a series of thirteenth-century fancy portraits of the earlier Bishops of Wells in the choir aisles there which is interesting. The remains of the bishops are in oak boxes contained in stone sarcophagi with recumbent figures on the lids: these have been moved several times during enlargements and "restorations," but they still contain the relics. The interesting fact about them is that one of the figures (Bishop Giso, I think, speaking from memory) is far superior to any of the others in execution and design: this figure has also a much earlier type of vestment and a peculiar low mitre.

The Dean of Wells read a Paper on these effigies recently at the Society of Antiquaries, and the conclusion arrived at by the audience there was that this effigy was later than the others on account of its superior technique, and that the early types of vestment and mitre were merely an antiquarian fancy. This seems to me very difficult to accept. My own notion is that it is the oldest figure of the series and the work of a master sculptor, the others being from the hand of assistants or less skilful imitators. Anyhow, the figure in question is a very fine one, and I should say as good as any of the west front figures, so far as it is possible to compare them. Most of the tombs at Wells have Doulting stone effigies, but one or two of the later ones are alabaster.

Mr. Williams is very severe on modern tombs in churches, and one cannot but agree with him in the main, but there are some finely treated figures in some of them—*e.g.*, Watts' figure of Bishop Lonsdale in Lichfield Cathedral (lying on a most incongruous altar tomb under an equally incongruous canopy, now happily removed). Temple's figure at Canterbury

and some of the altar tombs in St. Paul's Cathedral are too good to dismiss in a sweeping condemnation of everything except the Wellington monument; and Burges' wall tomb in St. Andrew's, Wells Street, is, to my mind, a valuable piece of work.

Perhaps Mr. Williams may be able to preach a crusade inducing the public to be more often content with good old-fashioned floor brasses, which hurt nobody.

Victoria and Albert Museum.

The President of the Board of Education has sanctioned an arrangement by which the bronzes presented last autumn to the Victoria and Albert Museum by M. Auguste Rodin will be lent to the Royal Scottish Academy (of which M. Rodin is an Honorary Member) for inclusion in their annual exhibition in Edinburgh this summer. The bronzes will be withdrawn from exhibition in London at the close of this month.

It is proposed that an exhibition of the work of the Serbian sculptor, Ivan Meshtrovitch, should be held in the Victoria and Albert Museum during the summer, by arrangement with the Serbian Government.

The American Institute of Architects: Canons of Ethics.

The American Institute of Architects have issued to its members the following circular of advice relative to principles of the professional practice and the canons of ethics of architects:—

The American Institute of Architects, seeking to maintain a high standard of practice and conduct on the part of its members as a safeguard of the important financial, technical, and æsthetic interests entrusted to them, offers the following advice relative to professional practice:

The profession of architecture calls for men of the highest integrity, business capacity, and artistic ability. The architect is entrusted with financial undertakings in which his honesty of purpose must be above suspicion; he acts as professional adviser to his client and his advice must be absolutely disinterested; he is charged with the exercise of judicial functions as between client and contractors and must act with entire impartiality; he has moral responsibilities to his professional associates and subordinates; finally, he is engaged in a profession which carries with it grave responsibility to the public. These duties and responsibilities cannot be properly discharged unless his motives, conduct, and ability are such as to command respect and confidence.

No set of rules can be framed which will particularise all the duties of the architect in his various relations to his clients, to contractors, to his professional brethren, and to the public. The following principles should, however, govern the conduct of members of the profession and should serve as a guide in circumstances other than those enumerated:

On Offering Services Gratuitously.

The seeking out of a possible client and the offering to him of professional services on approval and without compensation, unless warranted by personal or previous business relations, tends to lower the dignity and standing of the profession, and is to be condemned.

On Professional Qualifications.

The public has the right to expect that he who bears the title of architect has the knowledge and ability needed for the proper invention, illustration, and supervision of all building operations which he may undertake. Such qualifications alone justify the assumption of the title of architect.

THE CANONS OF ETHICS.

The following Canons are adopted by the American Institute of Architects as a general guide, yet the enumeration of particular duties should not be construed as a denial of the existence of others equally important although not specially mentioned. It should also be noted that the several sections indicate offences of greatly varying degrees of gravity.

It is unprofessional for an architect—

1. To engage directly or indirectly in any of the building trades.
2. To guarantee an estimate or contract by bond or otherwise.
3. To accept any commission of substantial service from a contractor or from any interested party other than the owner.
4. To advertise.
5. To take part in any competition which has not received the approval of the Institute, or to continue to act as professional adviser after it has been determined that the programme cannot be so drawn as to receive such approval.
6. To attempt in any way, except as a duly authorised competitor, to secure work for which a competition is in progress.
7. To attempt to influence, either directly or indirectly, the award of a competition in which he is a competitor.
8. To accept the commission to do the work for which a competition has been instituted if he has acted in an advisory capacity, either in drawing the programme or in making the award.
9. To injure falsely or maliciously, directly or indirectly the professional reputation, prospects, or business of a fellow architect.
10. To undertake a commission while the claim for compensation, or damages, or both, of an architect previously employed and whose employment has been terminated remains unsatisfied, until such claim had been referred to arbitration or issue has been joined at law, or unless the architect previously employed neglects to press his claim legally.
11. To attempt to supplant a fellow architect after definite steps have been taken toward his employment—*e.g.*, by submitting sketches for a project for which another architect has been authorised to submit sketches.
12. To compete knowingly with a fellow architect for employment on the basis of professional charges.

Belgian Exhibition at University College.

Viscount Bryce, O.M., has consented to become President of the newly formed Belgium Town Planning Committee which has been constituted by the amalgamation of the various committees previously considering the question of the replanning of Belgium. The Committee, which is under the patronage of the Belgian Government, has Mr. Raymond Unwin [*F.*] as Chairman and Mr. Ewart G. Culpin as Secretary. Mr. Paul Waterhouse [*F.*] has been nominated by the R.I.B.A. Council to represent the Institute.

Following upon the recent highly successful conference at the Guildhall, London, the next step will be the opening of the Remaking of Belgium Exhibition, at University College, Gower Street, W.C. Lord Bryce has promised to open the exhibition at 4 p.m. on 7th April, and it will remain open until the end of the month. Mr. Frank Brangwyn has prepared a striking poster for the exhibition.

At the same time study circles of architects, lawyers, and others will be instituted for the consideration of the actual facts of Town Planning, but on the legal and technical sides; lectures and conferences will be held for municipal councillors and the general body of

the public in order to educate them in these matters. University College has kindly provided studio and office accommodation.

Money is urgently needed to carry on the work and may be addressed to the Secretary, at the School of Architecture, University College, from whom also may be obtained invitations to the opening ceremony of the Exhibition.

A Wren Relic presented to the Library.

Mr. J. M. Gething, architect, of Stourbridge, has kindly presented to the Institute a copy of Elmes' *Life of Sir Christopher Wren*, which he purchased at the sale of the contents of Wroxall Abbey nearly fifty years ago. Its value consists in the fact that it contains two pages of genealogy of the Wren family (*ante* and *post* Sir Christopher) in the handwriting of a lady, almost certainly that of the wife of Christopher Roberts Wren and mother of the last Miss Wren, who married Mr. Chandos Hoskyns. It also contains two book-plates, one of them the arms and name Christopher Roberts Wren, and the other having the same arms and the wife's quartered, and the name Anne Wren. This latter book-plate was pasted over the former, covering it ; and on its removal the under one was disclosed.

The New Zealand Institute of Architects.

The New Zealand Institute have passed the following Resolutions :—

(1) "That this Institute places on record its appreciation of those members who have volunteered for service in the defence of their country."

(2) "That the New Zealand Institute of Architects desires to express its emphatic and lasting condemnation and abhorrence of the ruthless and vindictive destruction and spoliation of the ancient historic buildings and treasures of France and Belgium by a savage and unprincipled enemy, and to convey to the architects and people of those countries this Institute's fraternal sympathy in the irreparable loss sustained thereby to them and to the whole civilised world."

(3) "That this meeting authorises the Council to donate a sum of £50 to the Belgium Relief Fund."

The New Clerk of the London County Council.

Mr. James Bird, Deputy Clerk of the London County Council, has been appointed to the office of Clerk of the Council in succession to Sir Laurence Gomme, who has retired. Mr. Bird has been in the permanent service of the Council and its predecessors since 1881, when he was appointed in the fourth class, after examination. He has been Deputy Clerk since 1905.

Books received.

Modern Illuminants and Illuminating Engineering. By Leon Gaster and J. S. Dow. With 204 Illustrations. Demy 8o. Lond. 1915. 12s. 6*d*. net. [Whittaker & Co., 2 White Hart Street, E.C.]

Handrailing for Geometrical Staircases. By W. A. Scott. With 50 Illustrations. Cr 8o. Lond. 1915. 2s. net. [Whittaker & Co.]

Town Planning, with special reference to the Birmingham Schemes. By George Cadbury. 8o. Lond. 1915. 7s. 6*d*. net. [Longmans, Green & Co., 39 Paternoster Row.]

OBITUARY.

Henry Seton Morris [*Associate* 1885, *Fellow* 1909], Consulting Architect to the Government of Burma, whose death was recently announced, was articled in 1885 to Mr. W. J. Willcox, of Bath. In 1890 he entered the office of Mr. C. J. Phipps, and for five years from 1892 was in H.M. Office of Works. He was afterwards for a time associated in practice with Mr. Baillie Scott, and later was in the Hospital Branch of the War Office. In 1902 he was appointed assistant architect in the Public Works Department of the Transvaal, but resigned after six months, and engaged for a few years in private practice. In 1911 he was appointed Consulting Architect to the Government of Burma. His works in Burma include the Physical and Chemical Laboratories, Rangoon College, and many large Court-houses, Hospitals, Post Offices, &c. His last Report as Consulting Architect appears on pp. 19–23 of *Architectural Work in India*, 1913–14.

COMPETITIONS.

Whitehaven Housing Competition.

Members and Licentiates are advised that the conditions of the above competition are not in accordance with the Institute Regulations for Architectural Competitions, and the Competitions Committee are in correspondence with the promoters with a view to their amendment.

MINUTES. XI.

At the Eleventh General Meeting (Ordinary) of the Session 1914–15, held Monday, 29th March 1915, at 8 p.m.—Present: Mr. Alfred W. S. Cross, *Vice-President*, in the Chair ; 22 Fellows (including 8 members of the Council), 25 Associates (including 1 member of the Council), 9 Licentiates, and numerous visitors. The Minutes of the meeting held 15th March 1915, having been published in the JOURNAL, were taken as read and signed as correct.

The decease having been announced of Mr. Walter Crane, R.W.S., *Hon. Associate*, on the motion of Mr. E. Guy Dawber, *Hon Secretary*, it was

RESOLVED, That the Royal Institute of British Architects desires to express its sorrowful regret at the decease of its distinguished Honorary Associate, Walter Crane, and to place on record its high estimate of his artistic achievements, and its appreciation of his labours for the advancement of art-craftsmanship. It is further Resolved that a message of the Institute's sympathy and condolence be conveyed to his son, Mr. Lionel Francis Crane, *Licentiate R.I.B.A.*, and the other members of the family.

Mr. Edward C. H. Maidman, *Licentiate*, attending for the first time since his election, was formally admitted by the Chairman.

Mr. William A. Pite [*F.*] having read a Paper on KING'S COLLEGE HOSPITAL, and illustrated it by lantern slides, a discussion ensued, and on the motion of Professor the Rev. Arthur C. Headlam, D.D., seconded by the Hon. R. C. Parsons, a vote of thanks was passed to Mr. Pite by acclamation.

The proceedings closed and the meeting separated at 10.15.